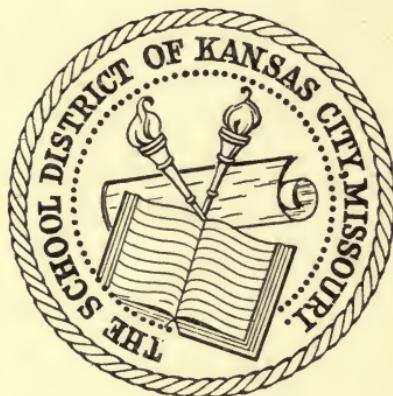




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Journal  
of  
Social Hygiene

VOLUME 22

1936

PUBLISHED MONTHLY EXCEPT JULY, AUGUST AND SEPTEMBER  
AT ALBANY, NEW YORK, FOR  
THE AMERICAN SOCIAL HYGIENE ASSOCIATION  
EDITORIAL AND GENERAL OFFICES  
50 WEST 50TH STREET, NEW YORK, N. Y.

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PUBLISHED MONTHLY EXCEPT JULY, AUGUST AND SEPTEMBER  
AT 372-374 BROADWAY, ALBANY, N. Y., FOR

THE AMERICAN SOCIAL HYGIENE ASSOCIATION

EDITORIAL OFFICES

50 WEST FIFTIETH STREET, NEW YORK CITY

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JEAN B. PINNEY, MANAGING EDITOR

WILLIAM F. SNOW, EDITORIAL CONSULTANT

The American Social Hygiene Association presents the articles printed in the JOURNAL OF SOCIAL HYGIENE upon the authority of their writers. It does not necessarily endorse or assume responsibility for opinions expressed or statements made. The reviewing of a book in the JOURNAL OF SOCIAL HYGIENE does not imply its recommendation by the Association.

The JOURNAL OF SOCIAL HYGIENE is supplied to active members of The American Social Hygiene Association, Inc. Membership dues are two dollars a year. The magazine will be sent to persons not members of the Association at three dollars a year; single copies are sold at thirty-five cents each.

Price \$3.00 per year; 35 cents per copy.

Entered as second-class matter at post-office at Albany, N. Y., March 23, 1922.  
Acceptance for mailing at special rate of postage provided for in Section 1103,  
Act of October 3, 1917, authorized March 23, 1922.

Published monthly (nine issues a year) for the Association by the Boyd Printing Company, Inc., 372-374 Broadway, Albany, N. Y.

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4 rue de Sèvres, Paris, France

# Journal of Social Hygiene

VOL. 22

JANUARY, 1936

NO. 1

CONFERENCE ON EDUCATION FOR MARRIAGE AND  
FAMILY SOCIAL RELATIONS, 1934

*Final Report \**

The Conference on Education for Marriage and Family Social Relations, held at Teachers College, Columbia University, June 30 to July 3, 1934, was under the auspices of Teachers College, the American Social Hygiene Association, and the American Home Economics Association. The officers of the conference were: Dr. William F. Russell, Dean of Teachers College, Columbia University, chairman; Edward L. Keyes, M.D., President of the American Social Hygiene Association, associate chairman; Prof. Frances Zuill, President of the American Home Economics Association, associate chairman.

The cooperation of the College and the two national organizations was developed as follows: For two or three years the College had been seeking an opportunity for a conference on family education that would supplement earlier conferences on various phases of home economics by giving special attention to social problems of the family. A number of competent persons independently suggested that such a conference

\* This final report has been edited by the following members of the Executive Committee, acting for the Continuation Committee: Dr. Paul Popenoe, Dr. William F. Snow, Professor Helen Judy Bond, and Professor Maurice A. Bigelow. A preliminary report of the conference was published in the JOURNAL OF SOCIAL HYGIENE, Vol. XX, December, 1934.

should be undertaken in cooperation with some of the large national associations which were known to be interested in family problems. This led the College to invite the cooperation of the American Social Hygiene Association and the American Home Economics Association, both of which for many years have emphasized the importance of broad programs of education for family life.

A proposed plan for a conference was approved and an Organizing Committee was appointed by concurrent action of the Dean of Teachers College of Columbia University and the Executive Committees of the American Social Hygiene Association and the American Home Economics Association. This committee consisted of the following: Dr. Paul Popenoe (chairman), Prof. Maurice A. Bigelow, Prof. Helen Judy Bond, Dr. William F. Snow, and Prof. Frances Zuill. Secretaries: Mrs. Gertrude R. Luce and Miss Bessie Carroll.

In the approved plan it was agreed that the Organizing Committee should be the Executive Committee from the beginning of the conference until publication of the final report. There was also established a Reference and Continuation Committee composed of the officers, the chairmen of seven discussion groups, and the Executive Committee. This larger committee was charged with the duty of comparing and organizing preliminary reports from the various groups and with the supervision of editorial work, special committees, and other activities which would naturally follow the conference.

The Organizing Committee proceeded to submit a general plan for a conference on family education to more than one hundred persons who were known to be interested in phases of education relating to family life. These persons are prominent in education, religious work, social work, public health, and medicine; and many of them are connected with organizations and institutions whose activities concern the home and family life. The very large majority of the persons to whom the plan was submitted were enthusiastically in favor of holding a conference along the lines which had been proposed. Most of those who endorsed the plan of the conference also agreed to give time as consultants. To more than sixty

of these consultants the Organizing and Executive Committee gives credit for invaluable cooperation before, during, and after the conference. In the complete list of members of the conference given in Appendix F, the names of sponsors and consultants are indicated by asterisks.

#### PROGRAM OF THE CONFERENCE

The Organizing Committee, with the approval of many consultants, decided that the conference should be planned along the following lines:

The conference should be limited as far as possible to social relations, but it must be recognized that these are inevitably involved in various other family relations, such as economic, legal, and biologic. Consideration of these relations has been included to some extent in many earlier conferences of groups concerned with home economics, eugenics, social hygiene, and legal aspects of domestic relations.

Education for marriage should be given emphasis because marriage not only normally leads to parenthood, but may also lead to family life without parenthood. Evidently, there is need of education for married companionship as well as for parenthood. Moreover, there is obviously need of better preparation for companionship and mutual understanding between married persons in the years after the children have grown up and left for homes of their own. This latter problem belongs chiefly to the field of adult education, but certainly should not be ignored completely in the education of young people.

Education for marriage should be considered in its logical relations to parent education. Family life includes much more than parenthood or the relations of parents to children, and any comprehensive plan for family education should aim to educate children and youths for participation and responsibility in the families in which they are growing up, as well as for their own family life in later years.

Since the social hygiene movement in the United States "deals with a large group of health and welfare problems (physical, mental, and social) which have a direct or indirect origin in the fundamental phenomena of sex and which concern the family accepted as the basic unit of society,"\* it was obvious that the conference would necessarily consider the relation of the larger sex education, or social hygiene education, to education for family life.

The Organizing Committee, on the advice of many consultants, decided that it should be from beginning to end a working conference

\* From *The Established Points in Social Hygiene Education*, American Social Hygiene Assn., Publication No. 820.

and not a series of addresses or papers by prominent speakers. It was planned to devote the opening session to the presentation of the general conference plan and of certain general propositions which concerned the conference as a whole. This should be followed by the work of discussion groups and committees. Finally, the reports of these groups should be submitted to a general assembly on the last day of the conference. At this session, all reports accepted should be approved "in principle" and referred to the Continuation Committee for editorial revision and publication.

This program was carried out as planned. Six months later the Continuation Committee published a digest report of the conference.\* This report, which, in addition to being brought to the attention of the JOURNAL's regular readers, was circulated in reprint form not only among those who attended the conference, but generally among interested persons and groups, brought forth many letters concerning details of the final report. These suggestions were submitted at a meeting of the Continuation Committee on April 26, 1935, to which all conference consultants were invited, and which about sixty attended. There was unanimous agreement concerning the revised reports as offered for final publication.

More than three hundred prominent persons who are interested in family social problems and education attended the conference. The sessions attracted wide public attention and the newspapers in New York and other large cities gave prominent space to reports of the program, interviews with several leading members of the conference, and feature articles based on some of the special problems under discussion. A number of weekly and monthly magazines published articles which expressed approval of the conference.

#### DISCUSSION GROUPS

Consideration of various points of view as to the meaning and scope of education for family life and regarding opportunities for applying planned educational measures to the problems involved, led the Organizing Committee to arrange for seven conference groups to discuss and plan an educational attack on the situations and problems of family life. These groups considered the possible contributions and influences of homes, schools, churches † and other institutions and

\* *High Points of the Conference on Education for Marriage and Family Social Relations*, JOURNAL OF SOCIAL HYGIENE, December, 1934.

† The Organizing Committee submitted to all religious workers among the sponsors and consultants the outline of a plan for a group devoted to the Family in Religious Education. A decided majority of the replies indicated that those interested primarily in religious education could contribute most by attending certain group meetings, especially, II, IIIA, IIIB, VI.

agencies which aid preparation for family life. The subjects and leaders of the groups were as follows:

*Group I, Childhood*, Mrs. Sidonie Matsner Gruenberg, chairman.

*Group II, Youth*, Dr. Willard W. Beatty, chairman; Mr. Newell W. Edson, associate chairman.

*Group III-A, Young men and women in colleges*, Prof. Ernest R. Groves, chairman; Prof. Benjamin R. Andrews, associate chairman.

*Group III-B, Young men and women not in colleges*, Dr. Valeria H. Parker, chairman; Dr. William F. Snow, associate chairman.

*Group IV, Adult education*, Prof. Lyman Bryson, chairman.

*Group V, Training leaders and teachers*, Prof. Jesse F. Williams, chairman.

*Group VI, Personal and family counseling*, Dr. Paul Popenoe, chairman.

#### FUNDAMENTAL ASSUMPTIONS

At the first general session, it was agreed that the following are fundamental assumptions that did not require discussion in a conference concerned primarily with education for family life:

I. Marriage and the family are here to stay. The family as a biologic and social unit should not be confused with environmental conditions which are always changing. This conference can have important significance only if its members base their discussions on belief in the permanence of the essentials of marriage and family life as they now exist and have existed as far back as social anthropology has proof.

II. Education for marriage and family relations certainly does not prevent or solve all family problems, but there is abundant evidence that it leads to decided improvement in the understanding and attitudes of those contemplating marriage and those who are members of family groups.

III. This conference is concerned primarily with ways and means of education for family life; in other words, with selection and organization of available matter for educational use. It is not directly concerned with fact-finding or interpretation of facts concerning family life, and therefore aims to avoid the numerous unsolved and highly debatable problems of law, sociology, psychology, and social biology in relation to family life.

*Group Reports*

## GROUP I—CHILDHOOD

SIDONIE MATSNER GRUENBERG, *Chairman*

Education for marriage and for family life begins inevitably while the individual is still a child, living in a home. Fundamental attitudes are, and must continue to be, acquired by the child in his home, no matter how much the education received here comes to be supplemented and elaborated, and even modified, by the school and other agencies and influences. In childhood, even more than in adolescence and adult life, preparation for wholesome family relations comes mainly through living in an atmosphere of wholesome family life.

The school, which furnishes an indispensable part of the child's educational experience in present-day society, can make its contribution chiefly through explicit instruction in factual knowledge and in particular physical and intellectual skills, and through its direct effort toward socializing the attitudes and aspirations of the children. And it can make its contribution most effectively by keeping clearly before itself the distinctive educational functions of the home, especially the unavoidable primacy of the home in the child's early years, the continuity of its influence amidst the multiplicity of short-time operation of other agencies, and the significant fact that it influences chiefly through affections and sentiments and personalities, rather than through systematic or explicit efforts.

It is assumed that the education of children will ordinarily be carried on as if it were generally expected that every boy and every girl would normally become a husband or wife and will have children—that is, that marriage and parenthood are the normal accompaniments of maturing into adulthood. This must be as much taken for granted as is the assumption of eventual participation in the civic and economic life of the community, notwithstanding the numerous exceptions and deviations which we must recognize and accept.

The education of children should include a growing understanding of sex—not merely in its biological or physiological phases, but in relation to the whole structure of psychic, ethical, social, and economic life. And it should include the acceptance of sex as a potentially constructive force in their own lives, now that we need no longer struggle to establish the doctrine of sex equality in a legal sense. Since in this country sex equality is so widely accepted in the political, legal, and economic fields, we shall probably be ready to accept sex differences as basic, and as significant for the enrichment of life in various relationships.

From the very first, children should be led both to accept human beings as human beings, and to differentiate at significant points their attitudes toward those of the same sex and those of the opposite sex. There should be as rapid an enlargement as we can manage of their educational experience to include an understanding and an appreciation of the home and of family life, of its requirements, of its possibilities for happiness and success, notwithstanding the blunders and floundering and heartbreaks that occur all around.

During the childhood years both the home and the school can prepare young people to look upon their future intimate relationships, in whatever form, as processes of adjustment and readjustment, rather than as finalities completely established by a ceremony or a marriage certificate. Part of the education in the home, as well as in the school, must help children toward a recognition of variety in family living and in sex relationships, including usages as to divorce and remarriage. This is necessary because so many patterns of family and sex relationship have been thrown into our conglomerate life by past generations of culture. No one of these patterns can be expected to establish itself as the sole and universal standard. Our present-day life is not only heterogeneous because of the multiplicity of contributions which have both enriched and confused it, but it is further complicated by the interaction of so many forces that any static code becomes impossible. Our educational efforts must therefore help the child to become aware of such changes in the nature of our culture, and eventually to recognize how significant—or how superficial—various changes are; that is, to appreciate the distinction between changes in standards and values on the one hand, and changes in fashions and usages on the other.

Moreover, the changes going on in community and economic life seem constantly to restrict the individual's initiative and opportunities in some fields, while furnishing unprecedented freedom to experiment and to diverge from the conventional modes in other fields. Our traditional attitude toward freedom as almost entirely a negative release from restraint or obligation makes it especially important to cultivate in children an appreciation of new freedoms and new opportunities as involving also new responsibilities. It is possible to transmit some understanding of the continuous adjustments through which men and women pass in growing toward this kind of maturity. Though some understanding of the facts does not itself assure a solution of all the problems that will arise, it can be helpful; and it is at any rate the least that we can offer young people.

To this end, there is a pressing need to rediscover the values of the less formal aspects of education which are not included in the school curriculum. The home in its very nature is better equipped to carry on its age-old "education" in these matters. Direct instruction should not be so heavily emphasized that we lose sight of the importance of the indirect and intangible, but no less important, education which the home inevitably provides.

In emphasizing the vital force of the indirect education of the home, we must not, however, lose sight of the importance of the direct education of the school. Teachers too should be given opportunity to participate more fully in home life so that they will know what a child is like twenty-four hours a day and not be at a loss in dealing with those phases of his development which cannot be encompassed in the textbook and classroom.

Education for marriage and family living must include the education of parents and teachers as an integral part of any comprehensive educational program, and, more specifically, of any adult education program. All agencies that serve children and the home should be constantly oriented toward some form of family life as a normal pattern of relationship. In the training of all technical and professional workers who have to do with children, there should be developed an attitude that directs service towards the welfare and growth of the home, with constant cooperation with the family, as distinguished from requiring proficiency in isolated special services.

In general, workers, agencies, and institutions, including schools, should come to be considered as complementary to the home in the promotion of child welfare and family welfare rather than as independent enterprises that may make use of the home and of children to serve technical or other institutionalized ends.

We must turn all our educational forces in the direction of making it clear that the primary goal of effort, the justification of our institutions, the responsibility of leadership, is toward the well-being of the family members as individuals and of the home as the nucleus of social life. Our society as a whole has far to go before all the family units within it can attain even the minimum standards of a good home—not only adequate provision for physical needs, but also adequate opportunity for education and leisure, and for the life of the emotions and of the spirit. Such an objective demands of leaders and educators a clear understanding of fundamental family needs, and an understanding of much variation in the ways in which individual families seek to achieve these fundamentals. We cannot afford to make our standards of family life too lax on the casual assumption that any home, no matter how poor, is better than none. Nor can we presume to set our standards so rigidly that every home is expected to conform to a preconceived pattern. We must work toward a social conscience which will demand that all values be measured in terms of their contribution to the daily living of men, women, and children, as they normally belong together in homes and in communities.

The report of this group is supplemented by Appendix B—*Selected References on Childhood and Youth.*

## GROUP II—YOUTH

WILLARD W. BEATTY, *Chairman*

Practically all of our boys and girls are sharing, and will continue to share, actively in family life. The majority will grow up to enter married life and establish families of their own. Most of these families will have children, but a number will remain childless. A substantial number of today's children of both sexes will remain unmarried. The participants in the discussion of this section are agreed that youth will be better prepared to meet and solve the varying problems presented by these inevitable relationships, by formal education for marriage and family life.

In the field of human relations, youth needs to understand the psychological and physiological facts of sex difference, and demands interpretation, inspiration and guidance to meet sex situations wholesomely and constructively. The manner of imparting such information and guidance will strongly influence attitudes toward marriage and family life. At present the chief agencies outside the home for the dissemination of information and attitudes in such matters are the newspapers, the cheaper magazines and the moving pictures. There is a tendency for these agencies to overemphasize the physical pleasures of sex, oversentimentalize parenthood, and treat temperamental maladjustment in marriage as normal. Children, therefore, greatly need to learn that in a first-rate relationship, passion must be blended with respect, with unselfish devotion, and with the sharing of responsibilities such as the upbringing of children. An appreciation of what marriage may become at its best is needed to counteract the effect of seeing the relationship pictured in its poorer forms.

The first line of defence against destructive attitudes is, of course, the home. Parents should strive to make home life so interesting that boys and girls will tend later to follow the example set up by their parents. Ideal family life is highly contagious. So far as possible the home should provide for its youth the following essentials of education for marriage and family social relations: Frank, honest and unembarrassed facing of all facts relating to the sex life of its members; frequent opportunities for recreational contacts between parents and children, among the children, and between the children and other children of the same and the opposite sex, including athletics, picnics, trips, dramatics and more sedentary indoor games; sympathetic guidance in meeting boy and girl situations; appropriate reading materials dealing with the more specific problems of sex; wise choice in the more enduring literature which will accustom children to thinking clearly about family problems and their solution, and discussing these problems with their elders; cooperation with the

school, and other youth agencies, in meeting situations and problems; cooperation between homes, through parent-teacher organizations, and informally, for the development of group social standards.

In the face of the wholesale indoctrination in undesirable social attitudes presented by many commercial agencies, the individual home is relatively helpless. Formal education regarding marriage and family life should therefore be provided by the school. Successful education of high school students for marriage and family life calls for sympathetic and intelligent cooperation between school and home. It is often necessary to break down long-standing emotional prejudices of parents before this cooperation can be secured. To this end the needs of youth in relation to marriage and family life may be presented to parents, along with the methods proposed by the school. Suggestions for parent procedures in the home, and suitable literature, may be made more available. Many parents feel their inability to meet youth situations and turn eagerly to the school for help. Parent-teacher associations can often facilitate cooperation between home and school.

Among the goals or objectives in educating youth for marriage and family social relations are the following: An understanding of one's own physical and emotional development, with all of the aids which this may give toward achieving maturity; an appropriate and progressive understanding of the opposite sex, and of the sex factor in human conduct; ability to make satisfactory adjustments to life situations and to people, of one's own and the opposite sex, of one's own age and to those both younger and older, which must include respect for personality, and ease and honesty in social relations, based on understanding some of the reasons for individual differences in people which influence their behavior; wholesome and satisfying experiences with the opposite sex, in both the serious and frivolous aspects of life, such as will set sound standards for sex conduct and married life; an appreciation of marriage at its best, and the determination to achieve it; interest in becoming an active participant in the work and play life of the family, in both planning and execution; understanding certain fundamental factors which may influence family well-being such as health, religion, finances, aesthetic appreciation and material conditions; developing ability to contribute to individual and family satisfaction and growth through the intelligent management of one's own life in relation to such matters; understanding of the interdependence between the individual and the group, the family and the community.

Because of the many adverse influences interpreting marriage and family life, it is desirable that the education of youth in this field be positive and constructive with emphasis upon ethics and realizable ideals. However, discussion should always be frank enough to recognize the negative aspects, so that youth may be protected against making mistakes through ignorance. The importance of opportunities for individual counselling cannot be overstressed.

There is need for a general course dealing with marriage and family social relations for both boys and girls in the eleventh or twelfth year of high school, or at whatever point constitutes the terminal years of the child's school education. It is desirable that the program of the earlier grades incorporate opportunities for the understanding of desirable social and hetero-sexual relationships, to the end that this final course represents a drawing together and conclusion to a much lengthier program. Such a course would not prevent consideration of specific topics in other departments of the high school, where their inclusion would be most natural, as in biological science, physiology and hygiene, health and physical education, social science, home economics and literature.

The content of a course that aims to educate youth for marriage and family social relations should include appropriate aspects of the following: The development of a well-adjusted personality; physical structure, physiology, psychology, growth and health; family relationships and attitudes; home management in family life; emotional and social standards of pre-marital life, including standards of conduct, choice of mate, love and its expression, and the engagement; the desirability of permanence and faithfulness in marriage; adjustments of personality in marriage, with emphasis on those factors leading to marital success, and suggestions as to how to avoid failure; possibilities of companionship in marriage; the interrelationship between parents and children; the family's adjustment to the community.

Since many youth-serving agencies (churches, religious associations, scouting and similar groups, clubs, *et cetera*) supplement the efforts of home and school and influence youth strongly, it is important that these agencies incorporate into their programs appropriate phases of education for marriage and family life. It will be desirable, therefore, that, in addition to providing means of preparing teachers adequately to meet these new demands, suitable means be developed for training leaders in these other agencies.

The report of this group is supplemented by Appendix B—*Selected References on Childhood and Youth*.

#### GROUP III-A—YOUNG MEN AND WOMEN IN COLLEGES

ERNEST R. GROVES, *Chairman*

In the discussions concerning education of young people on the college level, this group had in mind students in the various types of colleges—men's, women's, co-educational, junior and non-professional graduate. In all these, the first aim of the instruction concerning family life should be preparation of the individual students for their

own part in married life which for the great majority may be expected in due time. A second aim is preparation for helping others on a personal basis. A third aim is preparation for helping others by professional work—teaching, counseling, and social work. Obviously instruction and guidance planned to meet the first aim may be applied directly to the second and will be at least a foundation for the third.

There should be many experiments in the various types of college with short elementary or "orientation" courses or units of instruction on the freshman level in junior and regular colleges. It seems desirable that so far as possible family life should be involved in units of study in courses in health, social science, human relations, or home economics. These are merely suggestions regarding desirable experimentation.

There is need of experimentation with courses for advanced students in colleges on the senior or graduate level. Such advanced instruction is easily integrated in a department of home economics, but for the many women who do not take home economics and for men, the outlines and departmental placement of such courses have not been worked out satisfactorily. The exploratory nature of education for family life in the college field is evident, and movements to standardize courses and curricula are certainly undesirable at this time.

The development of general or orientation courses which aim to interest all students in a given college should not interfere with experimental development of topics concerning family life which logically belong to the departments of biology, hygiene, sociology, anthropology, ethics, religion, and home economics.

Each college which is experimenting with education for family life should have a correlation committee representing all departments which are concerned.

In the present stage of development of family education on the college level, it is desirable that the college have on the open shelves a well-selected set of books on family life among which students may browse at their leisure. It is recommended that as far as possible students be guided, perhaps by the local correlation committee, in their reading of the books which are made available.

In many colleges, unofficial consultation services are developing. Much that is recommended under Group VI applies here.

This group report is supplemented by Appendix C—*Selected References on Marriage and the Family*, and Appendix D—*Courses on Marriage and the Family in Undergraduate Colleges*.

## GROUP III-B—YOUNG MEN AND WOMEN NOT IN COLLEGES

VALERIA H. PARKER, M.D., *Chairman*

The judgment of many persons working with young men and women, particularly in industry and business, in racial groups, in recreation and in character-building activities, supports the view that the methods of approach and development of education for marriage and family social relations need to be specially adapted for these groups.

The importance of successfully reaching these groups and utilizing every channel for contacts and follow-up is clear when we consider that 75 per cent or more of our young people never go to college nor come under the direct influence of college instruction in any subjects bearing upon an understanding of marriage and family relations; and that as yet no adequate mechanics exist for integrating this knowledge in their instruction.

The content of family education for the non-college groups need not materially differ from that approved for college students; but the settings in which the instruction is given and the conditions governing it usually differ widely. Men and women ranging in age from eighteen to forty, married and unmarried, with a broad education and with most limited education, with every background of race, social contacts, religion, and environment, must often be grouped together and dealt with tactfully and under great limitations of time, absence of prerequisite training, and lack of follow-up work. Furthermore, any work in this field may, and usually does have to be adapted to the views of controlling officers in industries and business, or in the welfare and non-commercial enterprises in which the non-college groups are found. Also, the emergent personal problems of adjustment which the individuals are facing are generally more difficult and pressing and tend to throw the emphasis over to rehabilitative and case work, leading to stressing the negative rather than positive content of the instruction.

Under these conditions it is not practicable to attempt to outline any general procedure for dealing with non-college groups; but to emphasize elasticity and variety in ways and means of adapting the recognized content of education for marriage and parenthood.

In the matter of leadership for non-college instruction, we must stress the special significance of personality, sincerity, experience, and ability to judge each group quickly and adapt the program and content to all the circumstances in each case.

It is important to give encouragement to every competently planned effort to reach non-college groups. No hard and fast mini-

mum of requirements for either leadership or educational content should be set.

Special efforts should be made to build up support for non-college group activities in this field; and to develop contacts leading to effective promotion of such work.

Counseling service supplementing the limited educational programs for non-college work is very important. The briefer and more limited the program, the more essential is counseling and follow-up work. In this connection, the group recognized the importance of meeting specific needs for advice and guidance in such matters; lack of opportunities for marriage or acquaintance leading to marriage; prolonged engagements and delayed marriage; adjustments to marriage and to family life; postponement of having children, and the spacing of children in families; inability to have children because of illness, and permanent sterility; serious maladjustments in marriage; divorce; failures of adaptation or adjustment of the unmarried which are satisfactory to the individuals and the community.

All such questions and related problems ordinarily require personal consultation with a competent, trained and sympathetic counselor, or at least guided discussion in small selected groups, followed by opportunity for personal consultation. In short, in dealing with young men and women of the non-college groups, there should be caution in presenting anything more than general information upon such subjects, leaving specific consideration, discussion and reading to be determined and guided by the leader in each case.

This report of Group III-B is supplemented by Appendix C—*Selected References on Marriage and the Family*, and Appendix E—*Personal and Family Counseling*.

#### GROUP IV—ADULT EDUCATION

LYMAN BRYSON, *Chairman*

Adult education can play a part in the betterment of marriage and family relations through its general influence on the lives of mature Americans. Parent education is a phase of its activity. And those who control the policies and resources of adult education agencies can support the institutions which offer counseling service or training to young unmarried persons. Two phases of these adult education responsibilities have been covered by other sections of this Conference; young people were studied by Groups III-A and III-B and counseling by Group VI. Group IV confined itself to the other aspects of adult education.

It was generally agreed that parent education groups, as at present organized, provide all that is necessary for the direct attack upon the problems of the married person, except for cases requiring clinical advice. In numbers of people interested, parent education is the most important present activity now devoted to the betterment of family relations on a secular basis. It has had years of experience and notable success. Members of Group IV were agreed that success had been generally attained in spite of great irregularity in the quality of work done.

One important unsolved problem regarding parent education was touched upon in the discussion but no final agreement was reached. This was the question of the comparative effectiveness, for leadership in discussion of parental theory and practice, of "lay" leaders and "professional" psychologists. Much of the strength of what is now being done appears to lie in the fact that it is a "folk movement." Practice is not imposed from a position of superior knowledge but arrived at through friendly talk and common experience. Many examples of professionally directed study are admirable but their scope is necessarily limited. It does not seem possible for many years to train enough professionals to meet current needs. To be entirely inactive while they are being trained is not an acceptable solution. This group considered it necessary, therefore, to think of the lay leader as the most important factor in parent education at the present time. The best possible training for such leadership was considered the next forward step.

If parent education is to be primarily a folk movement, however, the burden upon the professionally equipped worker is thereby increased. He is expected to know not only the substantive material involved but also the techniques which will make him a leader of leaders. If the scientific knowledge, and acquaintance with the arts of human adjustment, which the parent education movement undertakes to make effective are to be used in the field by lay leaders, they must be developed with great care and passed on with great skill.

Adult education is devoted to the ideal of life-long learning. It is supported by solid evidence of the continued learning power of ordinary men and women. It undertakes to find the instrument by which the best available knowledge and wisdom can be brought to bear on human problems whenever they appear in the course of a life time. It may well take the whole series of problems arising from family relationships into account and make the greatest possible indirect contribution toward desirable attitudes.

Adult education as now carried on may be too intellectual in its program. Since human beings always have emotional elements in their thinking, and since all their experience affects their emotional attitudes, a proper concern for the emotional results upon the whole personality of all educational contacts should be a fundamental con-

sideration. If all the influences bearing upon adult life which are amenable to educational control could be directed to the greatest possible development and enrichment of total personalities, the most intimate of human relationships would necessarily be changed. Generally speaking, the best human beings show their quality in all their dealings with others. Efforts to improve the emotional, moral and intellectual atmosphere of American life can thus help to solve the problems of marriage and the family.

It is extremely likely that a large part of the adult education of the future will be carried on under the auspices of the public school systems. In assuming such a responsibility, public schools will also assume responsibility for a considerable amount of remedial work in bringing the educationally under-privileged up to the minimum standards of our society. This should include the study of human biology. Since the physical is the basis of emotional life, a minimum educational standard, whether reached in youth or later in adult life, necessarily includes a knowledge of, and respect for the human body.

It is recognized that very difficult problems are here involved. Such study, if it is to have its full constructive value, must implant a knowledge of emotions and attitudes. But respect should accompany knowledge. Subtle questions of sex and parenthood are difficult to approach naturally. It is recognized also that great dangers are involved in too detailed self-analysis and too great preoccupation with the physical and psychological aspects of sex relations. The admission of difficulties, however, is not an excuse for failure to undertake a delicate task.

Adult education as a social movement can also make an indirect contribution by its work in raising the tastes of the American people. Cynicism and unfounded satire, however admirable artistically, are of doubtful social value when they are directed toward fundamental social institutions such as the family. The improvement of taste, without any thought of censorship, will inevitably make less popular those publications, plays, moving pictures, and jokes which spread a shallow contempt for the efforts of men and women to find happiness in marriage and parenthood. For many people, more is to be learned of desirable emotional attitudes out of romance and poetry and out of association with noble imaginative thinking than by the study of abstract treatises on marriage as an institution, or analytic essays in psychology.

Findings of this group may be summed up: (a) parent education as a phase of the adult movement should be developed to its fullest usefulness along lines already laid down; (b) all agencies of adult education, in making their greatest possible contribution to the enrichment of personality and to the happiness of men and women, are making also an indirect contribution to the solution of the problems of marriage and family life.

## GROUP V—TRAINING LEADERS AND TEACHERS

JESSE F. WILLIAMS, *Chairman*

Limited time made it impossible for this group to consider the complex professional training needed by leaders and teachers in the family field. The group, therefore, centered its discussion on the idea that workers in this field should have much more than the kind of professional and technical training which would pass in most of the academic subjects. It is evident that teachers and leaders concerned with family life should not only have command of a wide range of biological, psychological and sociological facts regarding family life, but they should also have culture, broad understanding of human nature, appreciation of the play instinct, wide human sympathies, ability to live and work and adjust with other personalities, high aesthetic development associated with controlled emotion, *et cetera*.

This group assumed that teachers and leaders by example and as counselors may contribute to better practices in marriage and family social relations. The training of leaders and teachers generally is too narrow, too specialized, and too academic. This condition is not to be corrected by offering more of the courses usually classed as culture, but by recognizing that breadth of view and wide sympathy may require other than traditional training to achieve this broader point of view.

The group report made the following recommendations with special reference to all teachers or leaders who are in any way concerned with teaching young persons or influencing older ones with regard to family relations:

Develop and maintain the ability to play through acquiring an interest and developing a skill in play.

Acquire a knowledge of human growth and development with respect to the materials of human nature and the forces that play upon these human materials.

Develop the ability to associate with people outside this professional field. Especially develop ability to participate in community life, and to this end it is recommended that teachers live in the community in which they teach, that the community offer opportunity for all its members to live fully, that socially-minded personalities be selected in choosing teachers, and that attention be paid to the personality of those who plan to enter teacher-training institutions.

Acquire the ability to use the senses for satisfactions that enrich life and give meaning to experience. This recommendation argues

for more attention to sensory educations in sound, color, form, and movement. It is believed that if educated, the sensory demand thus created may be disciplined by standards of good taste, enriching the lives of teachers and contributing to the service they render to society.

This report of Group V is supplemented by Appendices A, B, C, and E.

#### GROUP VI—PERSONAL AND FAMILY COUNSELING

PAUL POPENOE, *Chairman*

Experience shows that the need of counseling on marriage and family problems is widespread and urgent. The number of marriages which could benefit by counseling must be put in the millions without counting the many unmarried persons who likewise request help concerning heredity, sex, choice of mates, and other personal problems.

It follows that counseling must be done through many different channels by many different types of persons. The establishment of special counseling centers and even the training of professional counselors who do nothing else can meet only a small part of the need. Most of the counseling must perforce be done as a by-product or side-line by educators, deans, judges, social workers, clergymen and other religious workers, physicians, public health workers, and wise citizens who in many communities are recognized sources of good advice.

The personality of the counselor is certainly not less important than his special knowledge and training. There is need for counselors of both sexes. In general, experience of happy married life is a desirable qualification; but there are many excellent unmarried counselors, especially religious workers.

Counselors should be guided by requirements of social welfare, and not merely by the interest or desire of the individual who is counseled.

Until the needs are met in some other way, the establishment of special counseling bureaus, or institutes of family relations, in large centers of population is desirable, where adequate scientific and financial backing are available. Experience shows that these can be set up in a variety of ways, can be financed in a variety of ways, and can be backed successfully by groups of very different types, such as educational institutions, churches, domestic relations courts, organizations working with young people, as well as groups specially formed for this purpose.

Experience shows that it is almost impossible to confine a counseling center to any narrowly limited type of problem. It must expect to accept every type of problem that is presented and to act as a clearing house in referring as many as possible to specialists and to appropriate agencies. There is certainly danger in the giving of technical advice by persons who are not experts in special fields, such as the medical. Counseling offers a great opportunity for quackery in matters of mental and personal health.

It is desirable to establish the principle that the person who is counseled should pay a reasonable fee for this service whenever able to do so, rather than setting up counsel as a service to be furnished as a charity at the expense of taxpayers or others.

Experience everywhere shows that the problems brought to counselors in the field of marriage and family social relations are nearly all results of previous inadequate education for marriage and parenthood. The number of individuals needing counseling should be reduced steadily as the schools, churches, and other agencies of public education give more attention to this subject, as correction of remediable health defects increases, as the social life of adolescents is better organized, and as society makes it possible for young people generally to marry in their early twenties.

For the present, the greatest value of counseling bureaus and institutes of family relations will be in serving as centers for the working out of techniques, the establishment of standards, the training of counselors, and the publication of research that is particularly needed.

This group report is supplemented by Appendix E—*Personal and Family Counseling*, including a list of family consultation centers, selected references on consultation centers, and preparation for personal and marriage counseling.

#### SUMMARY OF REPORTS FROM GROUPS AND GENERAL SESSIONS

Education for marriage is needed by all normal young persons. Powerful instinctive tendencies and weakened social controls have set up contemporary situations in which promise of effective selection of mates, and success in marriage and family life depend on the two prospective parents being prepared for making many intelligent choices affecting family life. In short, a kind of professional education for family life is needed.

There was general agreement that educational attack is needed along a wide front as indicated by the titles of the seven groups of this conference.

Education for marriage and family life does not call for a definite curriculum, such as teaching mathematics or the languages; but advantage should be taken of many opportunities from childhood to middle age to give helpful information, to direct attitudes, to set up and maintain accepted standards of family life, *et cetera*.

Education for marriage and family life is very much involved in other aspects of education, such as education for citizenship, health education, character education, social ethics, religious education, education for leisure and recreation, *et cetera*.

There was general agreement that the larger sex education, or social hygiene education, is fundamental in family education. Each group accepted the proposition that sex education is an essential part of education for marriage and family social relationships. This naturally follows from the fact that sex is the biological basis of marriage and the family.

Regarding the foregoing paragraph, some questions at the final general session and several letters submitted at the meeting of the Continuation Committee and consultants in April, 1935, indicated that some members of the Conference think of sex education in the original and limited sense of sex hygiene, which meant instruction centered around genital physiology and hygiene. This narrow view of sex education is now quite out of date. "Social hygiene education, or sex education in the largest sense, is now understood to include all educational measures which in any way help human beings of any age, and especially in childhood and youth, prepare to meet the problems of life that have their origin in the sex instinct and inevitably come in some form into the experience of every normal human being. These problems extend over a vast range of life's experiences from simple little matters of personal sex health to the exceedingly complicated physical, mental, and social relationships that concern marriage and the family." \*

\* (From *The Established Points in Social Hygiene Education*, a report published in 1933 by the American Social Hygiene Association as Pub. No. 820.) Also, see article (1934) *Sex Education and Sex Ethics* in *Encyclopedia of the Social Sciences*. Also see *The Past and Future of the Educational Program of the American Social Hygiene Association*, *Journal of Social Hygiene*, January, 1935; reprinted as Pub. No. 910.

## APPENDIX A

### NOTES ON THE CONFERENCE

Many interesting and stimulating comments have been received by the Continuation Committee, among them the following:

"One thing that has particularly impressed me is that the conference had a definite goal, namely, the positive education of the various groups making up society on sex matters. I believe that that is a worthy objective and that in so far as it may be successful will materially augment the number of happy marriages and solve the majority of social problems which have their origin in sex. I am also pleased to note that you have limited the conference to the constructive educational phase and not merely used this as an introduction to the subject of the control of syphilis and gonorrhea. It seems to me that this is as it should be and that the educational and religious groups should emphasize the scientific and moral basis for conduct and behavior which will give the individual and society the greatest possible amount of happiness and satisfaction and that the health aspect resulting from the misuse of the sex impulses should be considered by the governmental groups and volunteer agencies interested in the improvement of the health of the individual and the community.

The reprint *High Points* (the preliminary report) has made a further favorable impression upon me, namely, that it indicates clearly that the conference only attempted to lay down fundamental principles and to map out a method of procedure, and that conclusions will be derived only after a continued study of the problem. Programs of action that are evolved through years of careful study are usually found to be practical, worth while and possible of integrating into social institutions already existing, and therefore are effective to a greater degree than those looking toward the organization of a new cult."

THOMAS PARRAN, JUNIOR, M.D., *New York State Commissioner of Health.*

"The report of Group I properly emphasizes the importance of home environment and home atmosphere. I wish, however, that more stress had been placed upon the standards of marriage and family life that must be maintained in the home. Unless the mother and father consciously cultivate the ideal of monogamy and the sanctity of the family, the children will grow up with the wrong idea of marriage and family life. In other words, I should emphasize a little more than Mrs. Gruenberg's committee the ethical element and the necessity for moral discipline in family relationships."

SIDNEY E. GOLDSTEIN, *Social Justice Commission, Conference of American Rabbis.*

"The need for sound sex education is forced upon us by the fact that young people get highly misleading views of the relations between the sexes from such commercial agencies as the movies and the newspapers. They get the impression, for instance, that the only, or chief, consideration in this relationship is physical joy. They greatly need to learn that in a first-rate relationship, passion is blended with respect, with unselfish devotion, with the sharing of such responsibilities as the up-bringing of children with all the many inspirations to excellent living afforded by friendship and marriage. An appreciation of marriage at its best is needed to counteract the effect of seeing the relation pictured if not in its evil forces, at any rate, in its poorer ones."

HENRY NEUMANN, *Leader, Brooklyn Ethical Culture Society.*

Several significant topics were submitted before and during the conference, for which time did not permit adequate discussion, and no conclusions were reported by committees. They are placed on record here because they seem therefore to deserve attention at some later conferences.

"To what extent should family life be made an objective in laying out the whole curriculum of our educational system from kindergarten to college? In recent years training for citizenship has been a major objective in education. Is not training for family life equally important and can we have the one without the other?"

DWIGHT SANDERSON, *College of Agriculture, Cornell University.*

"If the union of a man and a woman in a truly spiritual relationship offers endless chance to work out constantly more excellent dealings; if in such unions fidelity, self-mastery and life-long honorable devotion in contrast to tabus forced on people by a hard-minded society are to prevail, as are indicated in Dr. Henry Neumann's paper on *Marriage and Morals*, to whom shall we look for intelligent leadership in this emphasis? I believe that the ethical, psychical, and spiritual emphasis must be intelligently synthesized with the physical approach in sex education."

WILLIAM S. KELLER, M.D., *President, Cincinnati Social Hygiene Society.*

"What of family leisure? (a) The importance of a conscious effort on the part of parents in building up a tradition of family play or recreation both within and without the home. (b) The relationship of family play to—health, conduct, social adjustment, family solidarity and resilience. (c) The importance, as a factor in preparation for marriage relationship, of adequate opportunities for normal boy and girl relationships in play, particularly during adolescence and after. (d) The contribution to marital happiness which some common interests in leisure-time activities brings. (e) The contribution of the public school in the field of teaching recreational skills and in cultivating tastes in arts, crafts, music, and dramatics, and in physical activities with the potential possibilities for carry-over into adult life enrichment."

J. W. FAUST, *National Recreation Association.*

Questions with reference to the church and religion: (a) "What net value or resource does religious experience or the religious education viewpoint contribute to family life beyond the values found in the ideal of 'the good life'?" (b) What resources has religion for stabilizing the modern home. (c) What bearing have formal religious observances on wholesome family relationships? (d) How should church provisions for family and parent education be related to other agencies and activities of family education in the community? (e) What resources in education for marriage and family social relations may the church be counted upon to supply, such as the out-reach of children's work into the homes, courses among adolescents, pastoral counseling, courses in parent education?

HARRY C. MUNRO, *International Council of Religious Education.*

Education for marriage and family life should be presented from positive and constructive approach rather than the negative.

HELEN JUDY-BOND, *Teachers College, Columbia University.*

## APPENDIX B

## SELECTED REFERENCES ON CHILDHOOD AND YOUTH

## General References

ANDERSON, JOHN E. *Happy Childhood*. New York. Appleton-Century Co., 1933. 321 p. \$2.50

BIGELOW, MAURICE A. *Adolescence; Educational and Hygienic Problems*. National Health Council Series. New York. Funk and Wagnalls, 1924. Revised edition in preparation 1936. 30c

Brooks, Fowler D. *The Psychology of Adolescence*. Boston. Houghton Mifflin, 1929. 652 p. \$3.00

CAVAN, RUTH SHONLE AND JORDAN TRUE. *Building a Girl's Personality; a social psychology of later girlhood*. Abingdon Press, 1932. 175 p. \$1.50

CHILD STUDY ASSN. OF AMERICA. *Parents' Questions*. Harpers, 1936. 312 p. \$2.00

ELLIOTT, GRACE LOUCKS. *Understanding the Adolescent Girl*. New York. Holt, 1930. 134 p. \$1.25

FISHER, DOROTHY CANFIELD AND GRUENBERG, SIDONIE M. *Our Children: a Handbook for Parents*. New York. Viking Press, 1932. 348 p. \$2.75

GALLOWAY, T. W. *Parenthood and the Character Training of Children*. New York. Methodist Book Concern, 1927. 224 p. \$1.00

HOLLINGWORTH, LETA S. *The Psychology of the Adolescent*. New York. Appleton, 1928. 259 p. \$2.50

INTERNATIONAL COUNCIL OF RELIGIOUS EDUCATION. *The Church's Opportunity in Family and Parent Education*. (With bibliography on education for family life, marriage, parenthood, and young people's relationships.) 10¢

THOM, DOUGLAS A. *Normal Youth and Its Everyday Problems*. Appleton-Century Co., 1932. 368 p. \$2.50  
*Everyday Problems of the Everyday Child*. New York. Appleton-Century Co., 1927. 349 p. \$2.50  
*Guiding the Adolescent*. U. S. Children's Bureau, 1933. 10¢

VAN WATERS, MIRIAM. *Youth in Conflict*. New York. Republic Publishing Co., 1925. 293 p. \$1.00

WHITE HOUSE CONFERENCE ON CHILD HEALTH AND PROTECTION. *The Adolescent in the Family. Report of the Sub-committee on the Function of Home Activities in the Education of the Child*. New York. Appleton-Century Co., 1934. 470 p. \$3.50

## Sex Education in Home and School

BEATTY, GRUENBERG AND SMITH. *Sex Instruction in Public Schools*. A.S.H.A. Pub. No. 887. 10¢

BIGELOW, M. A. *Sex-Education*. Macmillan, 1916. A revised and enlarged edition will be published in May, 1936. New York. American Social Hygiene Association. \$1.20  
*The Established Points in Social Hygiene Education*. Revised 1933. A.S.H.A. Pub. No. 820. 10¢

BROWN, HELEN W. *Sex Education in the Home*. A.S.H.A. Pub. No. 844. 10¢

\*CADDY, BERTHA C., AND V. M. *The Way Life Begins*. American Social Hygiene Association, 1917. 78 p. \$1.50. Out of print at present but found in many libraries.

CHAPMAN, ROSE WOOD-ALLEN. *How Shall I Tell My Child?* Revell, 1912. 35¢

\*DE SCHWEINITZ, KARL. *Growing Up*. Macmillan, 1928. 111 p. \$1.75

\*DICKERSON, R. E. *Growing into Manhood*. Association Press, 1933. 100 p. \$1.00  
*Youth Blazes a New Trail*. A.S.H.A. Pub. No. 883. 10¢

\*EDSON, NEWELL W. *Choosing a Home Partner*. A.S.H.A. Pub. No. 845. 10¢

\*———. *From Boy to Man*. A.S.H.A. Pub. No. 626. 10¢

EXNER, MAX J. *The Question of Petting*. A.S.H.A. Pub. No. 853. 10¢

GALLOWAY, T. W. *The Father and His Boy*. Association Press, 1921. 99 p. \$1.00

*Human Nature-studies for the Early Grades*. A.S.H.A. Pub. No. 613. 10¢

*Social Hygiene in Health Education for Junior High Schools*. A.S.H.A. Pub. No. 615. 10¢

\*GARDINER, RUTH K. *Your Daughter's Mother*. A.S.H.A. Pub. No. 319. 10¢

GROVES, E. R., AND GLADYS H. *Sex in Childhood*. Macauley, 1933. 247 p. \$3.00

GRUENBERG, B. C. *Parents and Sex Education*. Viking Press, revised 1932. 112 p. \$1.00

\*HOOD, MARY G. *For Girls and the Mothers of Girls*. Bobbs-Merrill, 1914. 151 p. \$1.75

PARKER, VALERIA H. *Social Hygiene and the Child*. A.S.H.A. Pub. No. 542. 10¢

POOPENOE, PAUL. *Social Life for High School Boys and Girls*. A.S.H.A. Pub. No. 886. 10¢

RICE, T. B. Three pamphlets published by the American Medical Association, Chicago, 25¢ each.

\**The Story of Life*. For children. *How Life Goes On and On*. For girls of high-school age. *In Training*. For boys of high-school age.

STRAIN, FRANCES B. *New Patterns in Sex Teaching*. Appleton-Century Co., 1934. \$2.00

\*TORELLE, ELLEN. *Plant and Animal Children: How They Grow*. Heath, 1912. 230 p. 96¢

TORREY, H. B. *Biology in the Elementary Schools*. A.S.H.A. Pub. No. 576. 25¢

USILTON, L. J., AND EDSON, N. W. *Status of Sex Education in the Senior High Schools of the United States in 1927*. Washington, D. C., Government Printing Office. 15 p. 5¢

†U. S. CHILDREN'S BUREAU—Four pamphlets: 10¢ each

*Infant Care*. Revised, 1929. 127 p. *Prenatal Care*. 1930. 71 p. *The Child from One to Six: His Care and Training*. 1931. 150 p. *Guiding the Adolescent* (By D. A. Thom). 1933. 93 p.

†U. S. PUBLIC HEALTH SERVICE

*High Schools and Sex Education*. 98 p. 10¢

*Sex Education in the Home*—free

WHITE, W. A. *The Mental Hygiene of Childhood*. Little, Brown Co., 1919. 193 p. \$1.75

WHITE HOUSE CONFERENCE ON CHILD HEALTH AND PROTECTION. *Social Hygiene in Schools*, Report of the Subcommittee on Social Hygiene. New York, Century Co., 1932. 50¢

#### High School Text-Books on the Family

DENNIS, LEMO T. *Living Together in the Family*. American Home Economics Association, 1934. 187 p. \$1.10

GROVES, E. R., SKINNER, E. L. AND SWENSON, S. J. *The Family and Its Relationships*. Lippincott, 1932. 321 p. \$1.60

HUNTER, L. P. *The Girl To-day, the Woman To-morrow*. Allyn and Bacon, 1932. 364 p. \$1.20

JORDAN, M. J., ZILLER, M. L., AND BROWN, J. F. *Home and Family*. Macmillan, 1935. 418 p. \$1.60

\*Recommended by many parents for reading to or by boys and girls—those by De Schweinitz and Torelle for childhood and the others for youth.

† All government pamphlets sold by Supt. of Documents, Washington, D. C.

## APPENDIX C

## SELECTED REFERENCES ON MARRIAGE AND THE FAMILY

## Recommended for Reading Rooms of Colleges and Public Libraries

(A revision of a list selected in 1934 by a committee of the American Social Hygiene Association.)

ADLER, FELIX. *Marriage and Divorce*. Appleton, 1926. 91 p. \$1.25

EDSON, N. W. *Love, Courtship and Marriage*. Discussion Outlines. Pub. No. 932. 10¢

ELLIS, HAVELOCK. *Little Essays of Love and Virture* (especially the chapters, "Objects of Marriage" and "Husbands and Wives"). Geo. H. Doran, 1921. 187 p. \$1.50

ELMER, M. C. *Family Adjustment and Social Change*. Long and Smith, 1932. 400 p. \$3.50

EXNER, M. J. *Education for Marriage*. A.S.H.A. Pub. No. 692. 10¢

FISKE, G. W. *The Changing Family*. Red Label Reprints. Harper. 324 p. \$2.50

FOLSON, J. K. *The Family*. (college text-book) Wiley, 1934. 604 p. \$4.00

GALLOWAY, T. W. *Love and Marriage*. Funk and Wagnalls, 1924. 78 p. 30¢

GOODSELL, WILLYSTINE. *Problems of the Family*. Century, 1928. 474 p. \$3.50

*History of Marriage and the Family*. Revised edition. Macmillan, 1934. 588 p. \$3.00

GROVES, E. R. *Marriage*. (college text-book) Holt, 1933. 552 p. \$2.80

*The American Family*. Lippincott, 1934. 500 p. \$3.00

GROVES, E. R. AND GLADYS H. *Wholesome Marriage*. Houghton Mifflin, 1927. 239 p. \$2.00

GROVES, E. R. AND BROOKS, L. M. *Readings in the Family*. (source book) Lippincott, 1934. 526 p. \$3.50

GROVES, E. R. AND OGBURN, W. F. *American Marriage and Family Relationships*. Holt, 1928. 497 p. \$4.50

HART, HORNELL. *The Science of Social Relations* (Chapter XVIII, "Relations between Men and Women"). Holt, 1927. 664 p. \$4.50

HART, H. AND ELLA B. *Personality and the Family*. Heath, 1935. 381 p. \$2.80

JORDAN, W. G. *Little Problems of Married Life*. (a semi-serious discussion of everyday problems). Revell, 1910. 256 p. \$1.25

KENYON, JOSEPHINE H. *Healthy Babies are Happy Babies*. A Handbook for Modern Mothers. Little, Brown, 1934. 321 p. \$1.50

MALINOWSKI, B. *Marriage*. Encyclopedia Britannica, Vol. XIV, p. 940-950

MYERS, GARRY C. *The Modern Family*. Greenberg, 1934. 288 p. \$2.50

NEUMANN, HENRY. *Modern Youth and Marriage*. Appleton, 1928. 148 p. \$1.50

*Marriage and Morals*: A Reply to Bertrand Russell. Reprint from N. A. Review. A.S.H.A. Pub. No. 920. 10¢

NEWSOM, G. E. *The New Morality*. Scribners, 1933. 319 p. \$1.75

NIMKOFF, M. F. *The Family*. (college text-book) Houghton Mifflin, 1934. 526 p. \$3.00

OGBURN, W. F. *Recent Social Trends* (Chapter XIII, "The Family and Its Functions"). McGraw-Hill, 1933. 1568 p. \$6.00

POOPENOE, PAUL. *Betrothal*. A.S.H.A. Pub. No. 902. 10¢

*The Conservation of the Family*. Williams and Wilkins, 1926. 266 p. \$3.00

*Modern Marriage*. Macmillan, 1925. 259 p. \$2.00

REUTER, F. B. AND RUNNER, J. R. *The Family*. McGraw-Hill, 1928. 615 p. \$4.00

RICE, T. B. *The Age of Romance*. For young men and women. American Medical Association. 25¢

RICH, MARGARET E. Editor, *Family Life To-day*. Houghton Mifflin, 1928. 244 p. \$2.50

SCHMIEDELER, E. *An Introductory Study of the Family*. (college text-book), Century Catholic Series, 1934. 384 p. \$2.50

SNOW, WILLIAM F. *Marriage and Parenthood*. A.S.H.A. Pub. No. 841. 5¢

SPAULDING, C. A. Editor, *Twenty-four Views on Marriage*. Macmillan, 1930. 452 p. \$2.50

SPENCER, ANNA G. *The Family and Its Members*. Lippincott, 1923. 322 p. \$2.50

THURSTON, FLORA M. *Bibliography on Family Relationships*. National Council Parent Education, 1932. 273 p. \$2.00

WESTERMARCK, E. A. *Short History of Marriage*. Macmillan, 1926. 327 p. \$3.50

WHITE HOUSE CONFERENCE. *Education for Home and Family Life*. Century, 1932. 128 p. \$1.00

#### Books on Heredity, Eugenics, and the Family

CASTLE, W. E. *Genetics and Eugenics*. Harvard University Press, 1931. 474 p. \$3.00

CONKLIN, E. G. *Heredity and Environment*. Princeton University Press. Sixth Edition, 1929. 385 p. \$2.50

GUYER, M. F. *Being Well Born*. Bobbs-Merrill, revised, 1927. 490 p. \$3.75

HOLMES, S. J. *The Eugenic Predicament*. Harcourt, 1932. 232 p. \$2.00  
*The Trend of the Race*. Harcourt, 1921. \$4.00

HUNTINGTON, ELLSWORTH. *To-morrow's Children: The Goal of Eugenics*. Wiley, 1935. 139 p. \$1.25

POOPENOE, PAUL. *The Child's Heredity*. Williams and Wilkins, 1929. 169 p. \$2.00

POOPENOE, PAUL AND JOHNSON, R. H. *Applied Eugenics*. Macmillan, revised, 1934. 429 p. \$2.60

THOMSON, J. A. *Biology for Everyman*. (Vol. II, Chap. VII.) Dutton, 1934. \$5.00

JOURNAL OF HEREDITY. Published monthly, Washington, D. C. \$3.50 per year

#### APPENDIX D

##### GROUP III-A—COURSES ON MARRIAGE AND THE FAMILY IN UNDERGRADUATE COLLEGES

(A preliminary report by M. A. Bigelow and Helen Judy-Bond)

The following list of undergraduate colleges of liberal arts and sciences has been compiled from the returns on a questionnaire sent last year to about 250 of the best known colleges. There are in the United States more than 500 "accredited" colleges with four-year curricula of the liberal arts or non-professional type. The Executive Committee of the Conference considered it almost useless to attempt a "survey" of all of them; but decided to try to get certain important facts directly from the departments concerned in the colleges which are known to be developing courses on the family.

The facts wanted from each college were: (1) Is there a course or series of lectures concerning marriage and the family open to students from all departments, without prerequisites? (2) Are there family courses which have certain prerequisites, usually introductory courses in the same department? (3) Are topics or units concerning the family included in regular courses in departments of sociology, psychology, home economics, hygiene, biology, ethics, religion, *et cetera*? (4) What members of the faculty are very much interested in education for marriage and family life? (5) What instruction is offered in social hygiene?

In reply to most of these questions very satisfactory answers have been given by many professors who are directly interested. In addition, many colleges have sent outlines of courses, syllabi, and reference lists. All these documents have been filed in the Institute of Practical Science Research, Teachers College, Columbia University, and may be examined by any one who is interested. It will be attempted to get reports from other colleges and to bring present records up to date in the first semester of the next college year.

The answer to the first question is that in only a small percentage of the colleges reporting is there a family course or series of lectures open without prerequisites to all juniors and seniors. However, the need of such a general or "service" course, which aims to help young people prepare for marriage and family relations, is recognized in many colleges and several professors report progress on plans for such instruction. There are also many reports that student groups in a number of well-known colleges are demanding such a course. There is also a marked tendency towards some lectures and readings on the family in freshman courses in hygiene and "orientation." In colleges where social hygiene is well developed, it invariably centers around the family as the biologic and social unit of civilization. This is apparently the result of the social hygiene literature which is available, most of it published or recommended by the American Social Hygiene Association.

The answer to the second question is that in the majority of the leading colleges a course usually called *The Family, Family Relationships, Sociology of the Family*, or a similar title is offered in departments of sociology. As a rule, such courses have a prerequisite of at least one course in sociology, and sometimes psychology also. Concerning this prerequisite, it is to be noted that in many outlines, syllabi, and reference lists examined there is no apparent reason for requiring a basic course. It is not a wild guess that a detailed survey would show that nine-tenths of the important facts and ideas in courses on the family in departments of sociology in American colleges could be grasped by average juniors and seniors who have had no previous instruction in sociology. This is a point worth considering in colleges in which a limited course on the family in one department stands in the way of organization of a general course which will

be open to all juniors and seniors. Confidential letters have revealed that there is such a situation in several colleges.

In the reports, letters, outlines, *et cetera*, collected from the colleges, there is much evidence of a trend towards an interdepartmental family course in which several instructors cooperate. Students who are preparing for family life certainly need the point of view and knowledge of professors in several fields, especially sociology, psychology, home economics, hygiene, biology (with special reference to physiology and eugenics), and ethics or religion. Obviously, no professor is wise enough to cover all this ground, but a few appear able to lecture in their own special field and direct their students to literature in the related fields which concern the family. Aside from the inability of one instructor to cover the whole field adequately, another important reason for an interdepartmental general course on the family is that the instructors cooperating from several departments will tend to give the students appropriate antidotes for unscientific, unbalanced, radical, and even immature thinking of some colleagues. As an illustration of this point, we have found colleges in which professors in sole charge of family courses give the students doubtful statements and radical views which would not be supported by the representatives of other departments or by any of the books listed in Appendix C. An oft-occurring case of this kind is the view expressed by many instructors, most of whom have had no satisfactory family life, that the family is doomed to rapid disorganization and perhaps ultimate extinction. In spite of shortage of scientific facts, this view has been strongly impressed upon many students.

The answer to the third question is that in many colleges topics or units relating to the family are emphasized in their appropriate settings in courses in psychology, sociology, home economics, hygiene, biology, religion, *et cetera*.

In answer to the fourth question, it has proved impossible without extensive "follow-up" to get a complete list of professors who are much interested in family education. It has been noted that from several large colleges there are independent reports by two or more professors, and some of them have neglected to mention colleagues who are prominent in the movement for family education. Perhaps this is a result of the well-known fact that college departments tend to become very specialized and limited to their own boundaries.

Concerning the fifth question—what instruction is offered in social hygiene<sup>1</sup>, the study will be continued during this year and reported at the Second National Conference on College Hygiene, to be held in Washington, D. C., late in December, 1936.

Teachers colleges have not been included in the following list, but the Institute of Practical Science Research will attempt during the coming year to find out what the state teachers colleges of the four-year type are doing in family education and social hygiene. Incidentally, there has come to our attention the fact that significant work in family education is to be found at Asheville (N. C.) Normal and

Teachers College, J. E. Calfee, President; in Arizona State Teachers College, Professor Ruth Douglass; in Pennsylvania State Teachers College at Indiana, Professor E. M. Sanders; in Kansas State Teachers College at Pittsburg, Professor Josephine A. Marshall.

Very limited information concerning courses in the large eastern colleges for men or women has been obtained by the questionnaires. The catalogs of sixteen of the old and famous colleges (nine for men and seven for women) have been examined. Fourteen of them offer introductory courses in sociology, which probably refer to the family to the extent usual in such courses. Several of these colleges give special attention to the family, as noted in the following list. It appears that there is not in these sixteen prominent colleges any course or series of lectures open without prerequisite to juniors or seniors who wish a general "service" course in preparation for marriage and family life.

A recent study of *Education for Marriage among American Colleges* by Cecil E. Haworth will presently be published as a dissertation. Some of the high points of Mr. Haworth's study were published in the *Bulletin of the Association of American Colleges*, November, 1935, pages 478-481. He examined the catalogs of 403 of the 465 member institutions in the Association of American Colleges and found in 225 colleges 234 courses which, in whole or in part, dealt with preparation for marriage and family life. By departments, the courses were offered as follows: sociology, 188; home economics, 38; religion, 4; psychology, 1; zoology, 1; general, 2. Later, Mr. Haworth sent questionnaires to the instructors in the 234 courses and 105 answered. From these he found many interesting facts, such as that 67 of the instructors are married, 45 are parents, 78 are men. In the 105 courses reported, the number of those with at least one class hour devoted to a special topic was as follows: divorce, 97; personal adjustments in marriage, 96; history of marriage, 96; eugenics, 90; legal aspects, 88; choosing mates, 86; philosophy of birth control, 85; comradeship, 84; careers for married women, 82; courtship, 74; child care, 68; recreation in the home, 68; religion in the home, 60. From ten to thirty per cent of the courses devoted one or more hours to such topics as engagements, weddings, honeymoons, petting, pregnancy, deviation of sex life, sex physiology, and other problems drawn from the general field of social hygiene. It is rather surprising to find 15 of 105 courses giving an hour to "technique of birth control," a topic which is illegal in many states and generally regarded as suitable only for medical schools. Moreover, there is general opinion of experts in social hygiene that reading, rather than class lectures, is a better method for handling this and similar social hygiene topics.

#### DIGEST OF REPORTS RECEIVED FROM COLLEGES

(Name of professor in charge is printed in parentheses following the abbreviated name of his department. "Topics in" means that certain courses in the departments have lectures, readings *et cetera*, devoted to the family. These "topics" are stressed in some colleges which do not offer a separate course on the family, and in some courses "topics" are units of two to five weeks. Many

professors and officers reported as "interested" take some part in the instruction on the family.)

**ADELPHI COLL.**—family course in soc. (Donna F. Thompson); topics in psy., soc., religion

**ADRIAN COLL.**—seminar on family in soc., alternate years (H. K. Fox); topics in soc., h.ec. (Ruth E. Cargo)

**ALABAMA COLL.**—topics in soc. (Lee M. Brooks), in h.ec. (Lois A. Ackerly)

**ALABAMA POLY. INST.**—family course in soc. (J. H. Johnson; topics in h.ec. (Dana K. Gatchell)

**ALABAMA UNIV.**—family course in soc. (Agnes E. Harris); topics in soc., psy., h.ec.

**ALBION COLL.**—family course in soc. (W. M. Whitehouse); topics in h.ec., soc.,

**ALBRIGHT COLL.**—family course in h.ec. (F. V. Innis); interested, Morris Greth

**ALLEGHENY COLL.**—family course in soc. (L. D. McClean); topics in soc., psy.; interested, F. W. Henke, G. Buckingham

**ARIZONA, UNIV. OF**—family course in h.ec. (B. E. Johnson)

**BARNARD COLL.**—family course in soc. (Miss Komarovsky); (from catalog)

**BATES COLL.**—family course; interested, Raymond Zerby, Fred Mabee

**BATTLE CREEK UNIV.**—family course in soc. (E. Y. Melekian); interested, L. P. West (biol.), Dr. Porter (h.ec.), Dean B. L. Birkbeck (ed.)

**BETHANY COLL.**—family course (H. N. Miller); topics in soc., psy.; interested, B. L. Fox (soc.)

**BIRMINGHAM SOUTHERN COLL.**—family course in soc. (P. W. Shankweiler); interested, J. E. Bathurst (psy.), W. A. Whiting (biol.)

**BRENNAN COLL.**—topics in soc., h.ec.; interested, J. T. Miller (ed.), E. B. Mason (soc.), Alice Armstrong (h.ec.)

**BROWN UNIV.**—topics in soc. (H. S. Bucklin), in biol.

**BUCKNELL UNIV.**—family course in soc. (M. F. Nimkoff); topics in soc. (R. L. Sutherland), psy., hyg. (J. W. Rice), biol.

**BUFFALO, UNIV. OF**—family course in soc. (G. B. Newman); topics in soc., psy.; interested, Niles Carpenter (soc.)

**CALIFORNIA, UNIV. SOUTHERN**—family course in soc. (G. B. Mangold); interested, M. H. Neumeyer, Melvin Vincent

**CAPITAL UNIV.**—family course in soc. (C. B. Gohdes); interested, Dr. Geist

**CARLETON COLL.**—family course in soc. (John Phelan); topics in psy., soc., hyg.; interested, Neal S. Dungay, Dean Lindsey Blayney

**CARROLL COLL.**—family course in soc. (John J. O'Connor); topics in psy., ethics, philosophy; interested, R. V. Kavanagh

**CATAWBA COLL.**—topics in h.ec. (Katherine French), in soc. (A. K. Faust)

**CATHOLIC UNIV. OF AMER.**—topics in courses "Life Problems", "Religion", "Psy.>"; John M. Cooper (anthro.), John O'Grady (social work), Paul H. Furley (soc.), Felix Kirsch (ed.), George Stratemeier (relig.), Maurice Sheehy (relig.), W. H. Russell (relig.), Leo McVay (ed.), Percy Robert (soc.)

**CINCINNATI, UNIV. OF**—family course in soc. (J. A. Quinn); topics in soc.

**CLARK UNIV.**—family course in soc. (L. Balsam); topics in soc., psy.; interested, C. Murcheson

**COLBY COLL.**—topics in soc. (C. H. Morrow), psy. (E. J. Colgan), hyg. (G. F. Loeks)

**COLL. CITY OF N. Y.**—several courses in soc. (Samuel Joseph); topics in soc., psy., ed. (J. C. Bell)

**COLORADO STATE COLL.**—family courses in soc. and econ. (B. F. Coen); topics in soc., psy., h.ec.; interested, Inga M. K. Allison (h.ec.), G. T. Avery (ed.)

**COLUMBIA COLL. OF C. U.**—topics in hyg. (T. B. Kirkpatrick, phys.ed.)

**CONNECTICUT COLL.**—family course in h.ec. (Dr. Seoville); interested, Margaret S. Chaney, President Katherine Blunt

CONN. STATE COLL.—family course in soc. (I. L. Hypes); topics in soc., psy., h.ec.; interested, E. Lowell Kelly (psy.), Mildred French (h.ec.), S. A. Dole

CONVERSE COLL.—family course ("social economics") 12 hrs. Sr. year, coöperation of depts. soc., econ., ed., biol. chem., philosophy; also course in soc. (Profs. Tillinghast and Stone)

DAVIDSON COLL.—family course in soc. (P. H. Gwynn, Jr.); topics in ethics (K. J. Foreman)

DELAWARE, UNIV. OF, WOMAN'S COLL.—topics in soc. (E. B. Crooks); h.ec. (Amy Rextrew)

DENISON UNIV.—family course in soc. (F. G. Detweiler); topics in soc., hyg.; interested, Forest Witeract, R. Williams, M.D.

DENVER UNIV.—family course in soc. (R. H. McWilliams); topics in soc., psy., physiol., phys.ed.; interested, Olive Card (psy.), Fred D'Amour (physiol.), R. G. Gustafson (biol. chem.)

DE PAUW UNIV.—topics in h.ec. (Vera L. Mintle), in soc. (S. Vreeland, Prof. Jones)

DREXEL INST.—family courses in soc. (O. Wesley)

DUKE UNIV.—topics in soc. (H. E. Jensen), psy. (J. J. Rhine, R. Crispell), h.ec. (Dean Baldwin)

ELMIRA COLL.—family course in soc. (R. B. Stevens), in h.ec. (Alma Montgomery)

FLORIDA STATE COLL. FOR WOMEN—family course in soc. (Coyle E. Moore); topics in soc., psy., h.ec. (Ruth Connor)

FLORIDA, UNIV. OF—family course in soc. (R. C. Beatty); topics in soc., psy.; interested, L. M. Bristol, A. Crago, B. A. Talbert, Fannie Show

GEORGE WASHINGTON UNIV.—family course in soc. (C. D. Wells); topics in soc., psy., h.ec.

GEORGIA STATE COLL. FOR WOMEN—topics in soc. (H. Massey), in hyg. (Kathleen W. Wootten), in h.ec. (Clara Hasslock, C. Morris)

GOUCHER COLL.—family course in soc. (I. E. McDougle); interested, Elizabeth A. Redden

GRINNELL COLL.—family course in soc. (Laetitia M. Conard); topics in psy. (L. C. Douglass), "Freshman Orientation" and "Applied Christianity"; (E. A. Steiner, Dean Evelyn Gardner)

HARVARD UNIV.—family course in soc. (C. C. Zimmerman); (from catalog)

HASTINGS COLL.—family course in soc. (E. L. Setterland)

HAWAII, UNIV. OF—family course in soc. hyg. (R. H. Johnson); topics in soc. (Prof. Glick), in h.ec. (Ada B. Erwin)

HIRAM COLL.—topics in soc. (Adah Pierce), in h.ec., (Vivian L. Barrett); in biol. (J. J. Turner, Helen Petroskey, H. C. Matthews)

HOBART COLL.—two family courses in soc. (J. M. Williams); topics in h.ec. (Alma Buschmann), in biol. (T. T. Odell)

HOOD COLL.—family course in soc. (W. C. Neely); topics in soc., h.ec., ethics; interested, Onica L. Prall (h.ec.), Mabel E. Stewart (psy.)

HUNTINGDON COLL.—family courses in h.ec. (Madge Johnson), in soc. (W. L. Leep)

IDAHO, COLL. OF—family courses in soc. (H. H. Hayman), in h.ec. (Margaret Nichol)

ILLINOIS COLL.—family course in soc. (LaRue Van Meter)

ILLINOIS UNIV., COLL. OF ED.—topics in soc., psy., h.ec., hyg.; also interested, T. E. Benner, Paulena Nickell, E. E. Walls

INDIANA UNIV.—family course in h.ec. (Mabel T. Wellman), in soc. (C. R. Metzger)

IOWA STATE UNIV.—family course in relig. (Moses Jung), seven departments cooperate; topics in soc., h.ec., hyg., religion; interested, Clyde Hart (soc.), C. A. Ruckmick (psy.), George Stoddard (child welfare), Frances Zuill (h.ec.)

IOWA STATE COLL.—family course in soc. (G. H. Von Tugeln, W. L. Harter); topics in soc., h.ec.

KANSAS STATE COLL.—family course in child welfare (Helen Ford); topics in soc., h.ec.; interested, Dorothy Triplett (child welfare), Margaret Justin (h.ec.)

KANSAS WESLEYAN COLL.—topics in soc. (John S. Cornett), in h.ec. (John S. Cornett, Mary Dillenbach)

KENT (O.) STATE COLL.—family course in h.ec. (Bertha Nixon); topics in soc. (Mona Fletcher), in h.ec. (Bertha Nixon), in health ed. (A. O. Deweese), in psy.

KNOX COLL.—family course in soc. (J. Howell Atwood); interested, Ray S. Miller (psy.)

LIMESTONE COLL.—family course in soc. (Prof. Pascal)

LINDENWOOD COLL.—family courses in soc. (F. W. Shaper), in h.ec. (Rachel Morris); topics in psy.

LINFIELD COLL.—family course in soc. (W. J. Jerome); topics in "contemporary civilization", soc., h.ec. (Mrs. J. A. Jonasson), in biol. (J. MacNab)

LOUISIANA SOUTHWESTERN INST.—family course in soc. (R. H. Bolyard); topics in h.ec. (Grace Brinton)

LOUISIANA STATE UNIV.—family course in soc. (E. H. Lott); topics in soc., hyg., h.ec., psy. (Paul C. Young); interested, E. H. Lott, Susanne Thompson, Nita C. Sheffield, Helen Carter, C. H. Bean

LOYOLA UNIV.—family course in soc. (from catalog)

LYNCHBURG COLL.—family course in soc. (Prof. Grainger)

MARION UNIV.—family course in soc. (A. Bowman)

MARSHALL COLL.—family course in soc. (A. W. Hayes); topics in psy. (K. K. Loemker), in h.ec. (Gertrude Mudge)

MARYGROVE COLL.—family course in soc. (Sister Mary, I.M.H.)

MARYLAND, UNIV. OF—family course in soc. (L. W. Simmons); topics in psy., h.ec.

MASS. STATE COLL.—family course (Edna L. Skinner, h.ec., F. M. Cutler, soc.)

MIAMI UNIV.—family course (Read Bain, soc., J. D. Schomwald, M.D., E. Patton, psy.)

MICH., UNIV. OF—family course in soc. (A. E. Wood); interested, Mildred Valentine (soc.), Robert Angell (soc.), Prof. White (anthrop.)

MILWAUKEE-DOWNER COLL.—family course in h.ec. (Susan F. West); topics in soc. (Alice Belcher), in psy.

MINNESOTA, UNIV. OF—topics in soc., psy., h.ec. (Wylle B. McNeal, Esther McGinnis)

MISSOURI, UNIV. OF—family course in soc. (A. S. Emig)

MONTANA STATE COLL.—family course in h.ec. (Gladys Branegan); topics in other courses being planned; interested, R. H. Palmer, A. P. Harrison

MOUNT HOLYOKE COLL.—lectures on the family (Dean Mary A. Cheek); topics in soc., psy.

MOUNT UNION COLL.—family course in soc. (Carl Kettering and special lecturers); interested, L. E. Warren, A. B. Kittimiller

NEBRASKA, UNIV. OF—family courses in soc. (Mrs. Williams), in h.ec. (Miss Staples, Margaret Fedde)

NEVADA, UNIV. OF—family course in psy. (J. R. Young); topics in soc., h.ec.

NEW HAMPSHIRE UNIV.—family course in soc. (C. W. Coulter), in h.ec. (Helen F. McLaughlin)

NEW ROCHELLE COLL.—family course in soc. (Helen M. Toole); topics in psy., h.ec.

NEW YORK UNIV.—family course in soc. (R. E. Baber), in h.ec. (Prof. Winning)

NORTH CAROLINA, UNIV. OF—family course in soc. (E. R. Groves)

NORTH CAROLINA WOMAN'S COLL.—family course in soc. (Evelyn McNeill); topics in psy., h.ec., hyg.

NORTHWESTERN UNIV.—family courses in soc. (A. J. Todd); lectures in freshman orientation course; interested, T. D. Eliot, W. F. Byron, E. R. Mowrer, Mrs. H. B. Taylor

Oberlin Coll.—family course in soc. (Mr. Zorbaugh); (from catalog)

OHIO STATE UNIV.—family course in soc.; topics in psy., h.ec.; interested, Dean Esther A. Gaul, Faith L. Gorrell (h.ec.), Louise Spaeth (soc.), D. Oberteuffer (health)

OHIO WESLEYAN UNIV.—interdepartmental family course in preparation; topics in soc., soc. ethics, psy., h.ec.; interested, George Blydenburgh, M.D., Bertha E. Titsworth (h.ec.), L. E. Wiley (psy.), W. A. Warner (soc. ethics)

OREGON STATE COLL.—family course in soc., in h.ec. (Flora Thurston), for men and women; interested, Dean Ava B. Milam, Sarah W. Prestiss

OZARKS, COLL. OF—topics in soc. (W. Lou Tandy)

PACIFIC, COLL. OF—family course (Dwayne Orton)

PENN. STATE COLL.—topics in soc., psy., h.ec.; interested, Edith P. Chace (h.ec.), Marion S. MacDowell (h.ec.), R. G. Bernreuter (psy.), W. W. Waller (soc.), W. V. Dennis (rural soc.)

PENN., UNIV. OF—family course in soc. (J. P. Lichtenberger)

PHILLIPS UNIV.—family course in soc. (R. W. Nelson)

PITTSBURGH, UNIV. OF—family courses in soc. (M. C. Elmer, Dr. Jameson); interested, Florence Teagarden (psy.)

PUGET SOUND, COLL. OF—family course in soc. (M. P. Schaefer); topics in psy. (R. D. Sinclair), in h.ec. (Blanche Stevens)

PURDUE UNIV.—lectures to freshman girls (Harriet E. O'Shea et al.); topics in soc. (O. F. Hall), in h.ec. (Mary L. Matthews, Laura Partch); in psy. "Annual marital lectures for seniors" (O. F. Hall, in charge)

RADCLIFFE COLL.—family course in soc. (from catalog)

REDLANDS UNIV.—family course in soc. (G. E. Carlsson); topics in psy. (W. H. Roberts)

REED COLL.—topics in psy., soc.; interested, W. Griffith (psy.), Cheryl M. Scholz (Dean of Women), N. F. Coleman (soc. hyg.)

RHODE ISLAND STATE COLL.—courses in soc., h.ec. (from catalog)

ROLLINS COLL.—family course in soc. (E. L. Clarke); topics in psy., religion

RUTGERS UNIV., N. J., COLL. FOR WOMEN—topics in soc., psy., h.ec.; interested, S. A. Cook (psy.), Eleanor J. Flynn (soc.), Helen W. Haxen (h.ec.)

RUSSELL SAGE COLL.—homemaking course required for juniors (Dean Grace Handsbury and staff members from soc., h.ec., phys.ed., fine arts, and biol.); topics in soc., psy., h.ec., philosophy

SAINT JOSEPH'S COLL. FOR WOMEN—topics in soc., psy., social ethics, religion (Dean W. T. Dillon), E. B. Van Ormer (psy.), D. J. Shea (ed.), Mary G. Close (phys.ed.), C. E. Diviney (religion), F. P. Kilcoyne (soc.)

SALEM COLL.—topics in soc. (E. S. Covington), in h.ec. (Bessie Leftwich)

SCRIPPS COLL.—family course (Una B. Sait); topics in psy., in soc.; interested, Virginia J. Esterley, Hartley B. Alexander, Mary B. Eyre

SHORTER COLL.—family course in soc. (Mabel O. Askew, Dean Mildred R. Mell)

SKIDMORE COLL.—family courses in soc. (one interdepartmental); topics in freshman hyg., soc., psy., h.ec.; interested, E. V. Stonequist (soc.), Katherine H. Starbuck (h.ec.), Charlotte S. Kimball (personnel officer)

SMITH COLL.—family courses in soc. (Dr. Gladys Branegan); (from catalog)

SOUTHERN METHODIST UNIV.—topics in freshman orientation lectures; course in soc. (H. B. Pritchett); interested, P. R. Root (soc.), W. T. Watson (soc.), Mary Pritchett (h.ec.), S. W. Geiser (biol.)

STANFORD UNIV.—topics in group hyg. (T. A. Storey, W. H. Brown), soc., psy.; interested, H. B. Torrey, R. R. Long, G. S. Luckett

SWEET BRIAR COLL.—family course in soc. (Bertha Wailes)

SYRACUSE UNIV.—course in family social psychology; topics in soc., psy., h.ec., biol., phys.ed.; interested, Lois Jack (soc.), W. M. Smallwood (biol.), Annie L. McLeod and Mrs. Connor (h.ec.), H. N. Shenton (soc.)

TALLADEGA COLL.—family course in soc. (Edward Sayler)

TEMPLE UNIV.—family course in soc. (J. S. Burgess); topics in soc., psy., h.ec. (Helen Goodspeed)

TENNESSEE, UNIV. OF—topics in soc. (W. E. Cole), h.ec. (Jessie W. Harris, Ella J. Day, Elizabeth L. Speer)

THIEL COLL., PA.—“Institute of Parenthood and Home Relations.” Pres. E. S. Rudisill, L. M. Malmberg (psy.), W. S. Sweedner (biol.), and visiting lecturers

TEXAS STATE COLL. FOR WOMEN—family course in soc. (Mattie L. Wooten); in h.ec. (Margaret Gleason); interested, Jessie H. Humphries, Grace Bailey, Clara Tucker

TRINITY UNIV., TEX.—family course in soc. (S. L. Hornbeak); topics in h.ec. (Estelle Griswold); in biol. (F. B. Eisley)

UTAH, UNIV. OF—family course in soc. (O. F. Beal); topics in h.ec.

VANDERBILT UNIV.—family course in soc. (E. T. Krueger, W. J. Hayes)

VASSAR COLL.—family course in soc. (J. K. Folsom); topics in psy., euthenics (Ruth Wheeler), physiol.

VERMONT, UNIV. OF—family course in h.ec. (Bertha M. Terrill)

VIRGINIA, UNIV. OF—family course in soc. (Prof. Hoffer)

WASHINGTON STATE COLL.—2 family courses in soc. (Carl Dent); topics in soc., psy. (C. I. Erickson), h.ec. (Florence Harrison)

WASHINGTON, UNIV. OF—topics in soc. (N. S. Hayner), in h.ec. (Effie L. Raitt), in psy.

WELLS COLL.—family course in soc. (Jean S. Davis); topics in 3 general courses in soc. (Prof. Davis, Carter A. Woods), in psy. (C. O. Weber)

WASHINGTON UNIV.—family course in soc. (S. A. Queen); topics in parental ed., soc., psy.

WESTERN RESERVE UNIV. (ADELBERT AND MATHER COLLEGES)—family course in soc. (J. E. Cutler); topics in soc., psy. (H. A. Aikens); in h.ec. (Mary E. Parker)

WEST VIRGINIA, UNIV. OF—family course in soc. (T. L. Harris); topics in psy., soc., h.ec. (Rachel H. Colwell)

WHITMAN COLL.—family course in soc. (Thelma Mills); topics in soc., psy., h.ec.

WHITTLER COLL.—family course in soc. (D. E. Henly); topics in soc., psy. (J. H. Coffin), biol., hyg., Special series of lectures each year

WILLIAM AND MARY COLL.—family course in soc. (D. J. Blocker)

WISCONSIN, UNIV. OF—family course in soc. (Samuel Stouffer); topics in psy. (H. Cason), in h.ec. (Abby L. Marlatt and Dorothy R. Mendenhall), in soc. psy. (Kimball Young)

WITTENBERG COLL.—topics in soc. psy., h.ec. (Leona F. Bowman); interested, Profs. Neuberg, B. M. Pershing, F. H. McNutt, Oliver K. Cornell (phys.ed.)

WYOMING, UNIV. OF—family course in soc. (Cora K. Miller); topics in psy. (Lillian Portenier), h.ec. (Elizabeth McKittrick), and law

YALE UNIV.—topics in soc. (A. G. Keller); (from catalog)

## APPENDIX E

### GROUP VI—PERSONAL AND FAMILY COUNSELING

#### (1) LIST OF FAMILY CONSULTATION CENTERS

The following list of consultation centers in the United States includes those which have been reported as active during the past two years. There is doubt as to the present status of some of them, because no satisfactory reports have been received in answer to requests

for information regarding their recent activities. It is reported indirectly that several of them are not adequately supported and attended and will probably be closed in the near future.

It has been attempted to limit this list to centers which are under the auspices of welfare societies, social hygiene organizations, churches, and other incorporated institutions or organizations—in short, to centers which are not controlled by one or a few individuals whose activities can not be clearly differentiated from private practice, such as that of physicians and psychiatrists, many of whom have long given their patients excellent advice on family problems.

This partial list does not include special centers, such as clinics for child behavior, mental hygiene and birth control, and home economic bureaus, all of which give information concerning family problems.

Asterisks indicate certain types of long-established societies and centers whose experience may be useful to persons who wish to study the working of family consultation centers.

#### CALIFORNIA

Los Angeles. The Institute of Family Relations,\* 331-3 Consolidated Building, Sixth and Hill Streets. Dr. Paul Popenoe, General Director  
San Francisco. Family Relations Center, 1200 Hyde Street. Henry M. Grant, Director

#### DISTRICT OF COLUMBIA

Washington. Family Service Association, 1022 11th Street  
Washington. Social Hygiene Society of the District of Columbia,\* 927 15th Street, N.W. Ray H. Everett, Executive Secretary

#### HAWAII

Honolulu. Social Hygiene Association of Hawaii.\* Roswell Johnson, General Director

#### ILLINOIS

Chicago. Consultation Service of Illinois Social Hygiene League,\* 9 East Huron Street. Rachelle Yarros, M.D., Director  
Chicago. Jewish Social Service Bureau,\* 1800 Selden Street

#### MASSACHUSETTS

Boston. The Craigie Foundation, 176 Marlborough Street  
Boston. Massachusetts Society for Social Hygiene,\* "Consultation service for married, family, and individual problems," 1145 Little Building Roxbury. Family Consultation Center, New England Hospital for Women and Children, Columbus Avenue

#### MICHIGAN

Detroit. Family Relations Bureau, Detroit Social Hygiene Conference,\* Witherell at Montcalm Street. Edith H. Swift, M.D., Director  
Detroit. Service for College Women, Merrill-Palmer School,\* 71 Ferry Street, E. Dr. Robert G. Foster

#### MISSOURI

Kansas City. Kansas City Social Hygiene Society,\* 1020 McGee Street. Mrs. F. H. Ream, Executive Secretary  
St. Louis. Missouri Social Hygiene Association,\* 340 North Vandeventer Avenue. Harriet S. Cory, M.D., Director

#### NEW JERSEY

Newark Social Service Bureau, 42 Bleecker Street

## NEW YORK

Brooklyn. Consultation Service of the Church of the Saviour, Pierrepont Street and Monroe Place. Rev. H. W. Dresser, Director

Brooklyn. Consultation Service of the Church of the Holy Trinity, Clinton and Montague Streets. Rev. H. W. Dresser, Director

Brooklyn. Brooklyn's Good Will Court,\* New Eagle Building, 26 Johnson Street. Judge Nathan Sneedler, Founder and Director. (Family and other disputes presented to three citizen "judges.")

Brooklyn. Second Division, Women's Good Will Court, 3078 Coney Island Avenue, Brighton Beach.

Buffalo. Asbury Methodist Church, Delaware and Tupper Streets. "Church counselors on marriage and the home." Rev. Archibald Adams

New York City. Institute of Family Relations in the City of New York, Inc., 45 West 9th Street. Victor G. Pedersen, M.D., Director

New York City. Consultation Service, Child Study Association of America,\* 221 West 57th Street. Mrs. Sidonie M. Gruenberg, General Director

New York City. Family Consultation Bureau, Child Development Institute, Teachers College, Columbia University. Dr. Lois Hayden Meek, Director

New York City. Marriage Consultation Center, Community Church, 550 West 110th Street. Rev. John Haynes Holmes. Direction of Hannah M. Stone, M.D., and Abraham Stone, M.D.

## NORTH CAROLINA

Chapel Hill. Institute for Research in Social Science,\* University of North Carolina. Prof. Ernest R. Groves, Director

## OHIO

Cincinnati. Family Adjustment Bureau, Cincinnati Social Hygiene Society,\* 312 West 9th Street. Carl A. Wilzbach, M.D., Executive Secretary

Cincinnati. Family Consultation Service, Associated Charities,\* 312 West 9th Street

Cleveland. Marriage Guidance Service, Old Stone Church\*

Dayton. Court of Domestic Relations. Judge Arthur Markey

## OREGON

Portland. Oregon Social Hygiene Society,\* 508 Woodlark Building. Fred B. Messing, Executive Secretary

## PENNSYLVANIA

Lewisburg. Institute for Marriage and Family Guidance,\* 140 South Front Street. Prof. Meyer F. Nimkoff, Director

Philadelphia. Marriage Counsel,\* Room 927, 1700 Walnut Street. Mrs. Stuart Mudd, Director

## VIRGINIA

Richmond. Family Consultation Service, Children's Memorial Clinic, 1001 East Clay Street. H. D. J. Coghill, M.D., Director

## (2) SELECTED REFERENCES ON THE WORK OF CONSULTATION CENTERS

(Compiled from bibliographies by Ralph P. Bridgman, Family Welfare Association, Mrs. Stuart Mudd, Paul Popenoe, and others)

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BRIDGMAN, RALPH P. *Family Counsel*. Social Work Year Book, 1935, pp. 139-142, Russell Sage Foundation, New York.

— *Guidance for Marriage and Family Life*. Annals of the American Academy of Political and Social Science, March, 1932.

CHURCH CONFERENCE OF SOCIAL WORK, *Proceedings of*, Boston, June, 1930. (Under auspices of Federal Council of Churches, New York City.)

CLAUSEN, REV. BERNARD C. *An Adventure in Divorce*. Journal of Social Hygiene, 20(3), March, 1934.

COLCORD, JOANNA. *The Matrimonial Advice Bureau*. The Family, May, 1924, p. 61.

— *Remedial Agencies Dealing with the American Family*. Annals of the American Academy of Political and Social Science, March, 1932.

DEXTER, R. C. AND ELIZABETH. *The Minister and Family Troubles.* R. R. Smith, New York, 1931.

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### (3) PREPARATION FOR PERSONAL AND MARRIAGE COUNSELING

“There is, of course, no standardized training for workers in family consultation bureaus. In general, my judgment is that the preparation of consultants should include a good working knowledge of the elements of human biology (including particularly the anatomy, physiology, and psychology of reproduction; and heredity and eugenics); an understanding of the sociological and economic aspects of family life; and a critical study of the normal personality, together with the accepted methods for dealing with abnormalities of personality. Beyond this, it is mainly a question of good personality, common sense, and a sympathetic approach on the part of the worker; and I believe we should stress the importance of experience of happy marriage (and, if possible, parenthood, too) on the part of the worker.” (From a letter by Dr. Paul Popenoe.)

### SELECTED REFERENCES ON COUNSELING

(A tentative list arranged by Dr. Popenoe for his course in University College of the University of Southern California. He comments: “I am trying to build up a reading list on techniques of counseling but the selection is difficult.”)

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## APPENDIX F

### SPONSORS, CONSULTANTS, AND OTHER MEMBERS OF THE CONFERENCE

Sponsors and consultants are indicated by asterisks. The individual's field of major interest is suggested by an abbreviation following the name or by the official title. These titles are not complete but were taken from the registration cards. In all other cases the individuals are understood to be instructors in the schools or colleges with which connected.

The following abbreviations are used:

A.S.H.A.—American Social Hygiene Association	P.s.—public schools
Ed.—education in general	Phy.ed.—physical education
H.ec.—home economics	Psy.—psychology or psychiatry
H.ed.—health education	R.ed.—religious education
H.S.—high school	S.h.—social hygiene
P.ed.—parent education	Soc.—sociology
P.h.—public health	T.C.—Teachers College

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PUBLISHED MONTHLY EXCEPT JULY, AUGUST AND SEPTEMBER

AT 372-374 BROADWAY, ALBANY, N. Y., FOR

THE AMERICAN SOCIAL HYGIENE ASSOCIATION

EDITORIAL OFFICES

50 WEST FIFTIETH STREET, NEW YORK CITY

The American Social Hygiene Association presents the articles printed in the JOURNAL OF SOCIAL HYGIENE upon the authority of their writers. It does not necessarily endorse or assume responsibility for opinions expressed or statements made. The reviewing of a book in the JOURNAL OF SOCIAL HYGIENE does not imply its recommendation by the Association.

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The JOURNAL OF SOCIAL HYGIENE is supplied to active members of the American Social Hygiene Association, Inc. Membership dues are two dollars a year. The magazine will be sent to persons not members of the Association at three dollars a year; single copies are sold at thirty-five cents each. Postage outside the United States and its possessions, 50 cents a year.

Entered as second-class matter at post-office at Albany, N. Y., March 23, 1922. Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized March 23, 1922.

Published monthly (nine issues a year) for the Association by the Boyd Printing Company, Inc., 372-374 Broadway, Albany, N. Y.

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# Journal of Social Hygiene

VOL. 22

FEBRUARY, 1936

NO. 2

Annual Meeting Number

## OPPORTUNITIES OF VOLUNTARY HEALTH AGENCIES

WITH SPECIAL REFERENCE TO SOCIAL HYGIENE \*

IRA V. HISCOCK

*Professor of Public Health  
Yale School of Medicine*

As we examine the programs of the voluntary health agencies, we find many common interests and a major objective of service to the people. We observe that the details of organization are regarded as probably less important than the assurance of trained leadership in a balanced program which will yield maximum returns in health conservation. We become increasingly impressed with the opportunity to combine the best which specialization offers in a comprehensive public health program of group planning on a national basis.

Turning back the pages of history 150 years, we find that one of the fathers of public health suggested many of the ideas now receiving consideration in the field of social hygiene, although he thought largely in terms of legal regulation. This emphasis on official action through the establishment of laws reflects the philosophy of public health work characteristic of those earlier days. Johann Peter Frank, in his *Medizinische Polizey* advocated that only persons capable in mind and

\* An address presented at the Annual Meeting of the American Social Hygiene Association, New York, January 15, 1936.

body of fulfilling the ideals of parenthood should be allowed to assume that status, and further suggested that the proper officials should see that neither the husband nor the wife enter the marital status without having received sufficient sex education. Beginning with an anatomical, physiological and psychological discussion of the procreative instinct, he progressed to a medical investigation of the pros and cons of celibacy, and also urged serious consideration of various problems related to the founding of a family.\* These are among the essential concepts of the modern social hygiene program which, in recent years, has been advanced so largely through education, and the cooperation of voluntary agencies with official bodies.

The American Social Hygiene Association has played a significant part in the voluntary health agency movement as a whole, as well as in the promotion of its own special field of interest. It grew, according to Dr. Snow, from three separate groups,—one believing that something should be done with the problems of syphilis and gonococcal infections; another confident that the evils of commercialized prostitution could be minimized; and a third convinced that silence and the withholding of knowledge of sex as a normal factor in human life had created personal difficulties which would disappear or be minimized, as a rational program of sex education gained headway. These groups promptly found that they were overlapping each other's fields and were inevitably dependent on each other in many ways. Concluding that one national clearing house could serve all their needs they merged in 1914 to form the American Social Hygiene Association.

The philosophy in program planning at this time was significant. The officers of the Association agreed that nothing would be undertaken which could be done better by some other agency, and that no activity would be carried beyond the time when it could be transferred to some existing permanent agency—official or voluntary. It was also agreed that the nature, objectives, and complexity of social hygiene made it desirable to work, so far as possible, through other organizations having wider fields of interest of which social hygiene formed a logical part. The national association has promoted the work through parent-teacher groups, medical and other professional societies, social work and character-building agencies, women's organizations and other lay bodies. Many phases of this program have thus become integrated in varying degrees with the activities of other health and social agencies.

\* Johann Peter Frank and his *System Einer Vollständigen Medicinischen Polizey* by Leona Baumgartner and Elizabeth Ramsey, *Annals of Medical History*, Vol. 5, No. 6, 525, and Vol. 6, No. 1, 69, new series, 1933.

With a broad representative membership, the Association proceeded on a nation-wide basis before the War; did notable work during the War, successfully launching the American Plan of social hygiene for the military forces, and has continued its efforts in subsequent years to plant social hygiene activities firmly in the official health and welfare services of federal, state, and local governments, and in the programs of educational, religious and social voluntary agencies.\* It has also played a notable part in furthering sound attitudes toward these problems on an international scale through cooperation with the League of Nations at Geneva. Such a record of achievement deserves high praise, and the basic philosophy of organization and correlation offers food for thought in considering the broader problem of national voluntary health service in the light of future opportunities.

There seems to be an important place in this country for both official and non-official health agencies. The major national official public health organization is the United States Public Health Service. Other federal departments also carry on a variety of health activities, including among others the Children's Bureau, the Department of Agriculture, the Office of Education, and the Office of Indian Affairs. The Public Health Service, the Children's Bureau, and the American Red Cross are advisory members of the National Health Council, thereby providing the means of active health program planning by voluntary and official bodies on a national basis. The health administrator of a governmental unit, national, state, or local, is of course recognized as the person directly responsible for the formulation of general policies of health promotion and coordination of service within his jurisdiction; but the non-official agency has a primary duty to aid in this difficult task. Common problems and relationships indicate the need for careful study, leading to agreements as to the spheres of activity for each group. In general, the field of the voluntary health organization is to stimulate, supplement and support the work of the official bodies.

The voluntary health organization is an American contribution to public health progress. During the past thirty years, such organizations have been a potent force in the dissemination of knowledge regarding health conservation, in the moulding of public opinion for the support of modern public health practice, in the development of standards of service and of qualifications of personnel. Changing social conditions and a tightening of the public and private purse strings, coupled with a closer scrutiny of voluntary agencies in specific

\* From William F. Snow, *The Growth of Voluntary Health Agencies*, Journal of Social Hygiene, Vol. 21, No. 1, Jan. 1935.

fields, necessitate further study of community organizations to ascertain if their basic structure and relationships are sufficiently sound to insure maximum effectiveness, bearing in mind the ultimate objective of constructive service.

In the spirit of sympathetic evaluation, may we ask ourselves certain questions leading to a review of the present situation? Are the men, women, and children of this country receiving the optimum benefits in public health which may be expected from the energies and funds now being expended for this purpose? Are the programs of our agencies planned in such a manner as to emphasize the balanced conservation of public health rather than merely to stimulate interest in specific diseases? Are the problems of cancer, heart disease, infant mortality, mental disease, syphilis, and tuberculosis visualized broadly as maladjustments of the human organism requiring unified effort, remembering that the individuals who constitute our public are biological entities? Do we systematically plan the development of our programs, step by step, so as to recognize the close interrelationship of the many factors in society, which in turn require for maximum effectiveness a coordination of activities conducted by various health and social agencies with a due balance among the parts of our huge social machinery? While it is not the purpose of this paper, nor is there time, to analyze in detail the whole present day health program in the light of all of these questions, an agency self-analysis along such lines may well reveal continuing opportunities for cooperative action.

Those who are primarily interested in the advancement of human welfare have learned important lessons from the recent years of economic depression and from studies of previous emergencies of a somewhat similar character. Says Josephine Roche:

“One of these lessons resulting from our coming to grips as we have, with unprecedented human denials and suffering, is how completely interwoven and interdependent our various responsibilities are in changing the old order. We have long talked about our age of specialization—the field of education, of industry; the field of child welfare, of health; the problem of dependency, delinquency and crime—and now we realize that our various fields are but small lots, separated from each other only by imaginary lines, in one great general field where we must do joint battle for our common cause—conservation of our greatest national asset, our men, women, and children. We are at last conceiving a related program, one bringing into full recognition and participation all the lagging and neglected phases of human welfare. There has become a clearly defined recognition of this interrelationship of interests, of the necessity we are under to

combine in a program of social action the best which extensive specialization along many lines can give."\*

In spite of the enormous contributions made by the voluntary health agencies, there is opportunity for greater clarification, co-ordination, and concentration of effort. The varied sources of health guidance and the diversity of health organizations cause dissipation of effort of the professional worker, and confusion in the mind of the public. As a member of several organizations and committees, I must plead guilty to confusion and waste of energy, through the temptation at times to defend a specific agency or service on grounds of agency "self preservation" at the expense of coordination. Can we not face the situation squarely and actively explore the possibilities of more united efforts?

The voluntary agencies developed in response to a need and opportunity, visualized by individuals or groups, for intensive study and activity to improve special conditions affecting the public health. There are characteristics and purposes common to all of the national health agencies, including the following:

1. The acquisition and application of knowledge for health conservation.
2. The development and utilization of leadership in specific health fields.
3. The organization of public information service to acquaint people with facts of what to do and to build up a membership of informed citizens for the support of necessary activities.
4. The collection and interpretation of statistics and other data.
5. The provision of field services.

More specifically, the voluntary agencies have individually, and sometimes jointly, helped to promote educational campaigns, furnished educational material, aided in making surveys, supported budgets and programs with money and public opinion, and under certain circumstances conducted demonstration centers and clinics. They have sometimes started needed programs where there were none, enlarged programs just started, and helped to perfect programs where they were insufficient. In short, they have conducted important activities for which official agencies were not equipped or ready, supported adequate standards of service, and aided with studies in pioneer fields. In all of this work, proper relationships between

\* Josephine Roche, *Economic Health and Public Health Objectives*, American Journal of Public Health, Vol. 25, No. 11, Nov. 1935.

voluntary and official agencies are essential, and careful program planning by all concerned is necessary. These factors of relationship and the scope of services were outlined in some detail by The White House Conference Committee on Public Health Organization.

For many years, efforts have been made to secure closer coordination and increased unity of action on the part of voluntary health agencies. As early as 1913, the Council on Health and Public Instruction of the American Medical Association called a conference of 39 health agencies to consider the matter. In 1918, Dr. George Vincent pointed out the chaotic condition among voluntary agencies and suggested consideration of the problem. Dr. Lee K. Frankel played an important part in the development of the National Health Council and in 1926 made an urgent plea for a more effective National Health Association. In 1919, Dr. Donald B. Armstrong made an exhaustive study of the problem, financed by the American Red Cross. Following consideration of his report, the National Health Council was formed in 1920, primarily as an advisory body. In 1935 there were eleven agencies listed as active members,\* three as advisory members, two as associate members, with four representatives-at-large.

The membership on the boards of these agencies is impressive, including some 450 leaders drawn from the ranks of active and influential persons directly associated with health work in the United States. Several are members of more than one board, one man serving on as many as five national health boards. These bodies establish the policies of the member agencies, influence their programs, and are responsible, through a combined staff of nearly 200 persons, for the expenditure of about one and a half million dollars annually.†

The first result of joint planning was a forward step in bringing the organizations together physically to facilitate cooperation and mutual understanding. During the early years of the Council, several constructive developments occurred in the realm of national policy and planning, including a comprehensive periodic health examination campaign, the preparation and publication of a series of

\* American Federation of Organizations for the Hard of Hearing, American Heart Association, American Public Health Association, American Social Hygiene Association, American Society for the Control of Cancer, Conference of State and Provincial Health Authorities of North America, National Committee of Health Council Executives, National Committee for Mental Hygiene, National Organization for Public Health Nursing, National Society for the Prevention of Blindness, and the National Tuberculosis Association. (American Child Health Association, formerly an active member, was dissolved in 1935.)

† Of some 115 million dollars expended annually for public health work in this country, approximately one quarter is provided by national, state and local voluntary agencies.

national health booklets, the establishment of the national health library, and the organization and conduct of a National Health Congress. To stimulate efficiency in administrative activities, a common service bureau was formed, supported through payments by members for service rendered, with a present budget larger than the budgets of several member agencies.

However, the National Health Council has not been as successful as was hoped in the field of broad national leadership and planning, nor is it bringing close coordination in the conduct of actual services. Since the early years of the Council, the lack of a full-time director trained in public health administration; deficiency of funds to provide effective coordinated programs beyond routine executive activities; reluctance of board members, as well as staff members, to give up their special activities and participate constructively in joint programs are among the factors which have impeded progress. The present organization does not seem well suited for an extension of central program development. Interests and loyalties are somewhat diverse and there is lack of cohesive force. Agencies in some instances, to insure that they are not bearing an unjust share, have spent much time on the question of distribution of expense in joint efforts, and this and associated factors have handicapped concerted action. The interest and support of board and staff members depend upon an opportunity for independent thinking and development of initiative in program administration in specific fields. Too great independence of thought and action, however, handicaps effective progress just as too close and dictatorial planning narrows thinking and stifles initiative.

The time is favorable to consider a plan for the future which might be economical and at the same time increase the effectiveness of voluntary health work. The modern public health program has been greatly accelerated by the activities of voluntary health organizations. To coordinate the many interests and activities around a central organization in a unified health program may be regarded as an ideal objective which has not yet been attained. Were it not for traditions and special interests, it would seem logical and possible to unite the various national voluntary health organizations in one compact body with functional divisions. However theoretically sound as such a plan may be, there are several practical difficulties. The problem is much more complex than the mere construction of an organization plan.

Many individuals and groups are interested in public health because of a special phase of activity, such as cancer, handicapped children,

mental disease, syphilis, tuberculosis, or public health nursing. Money will be provided, or energy will be expended in many instances, because of this personal interest. No plan should be fostered extensively without visualizing the significance of the historical development and the traditions of these voluntary health services. Essential and inevitable interest in special health problems not only influences the important factor of present and future financial support, but also affects inherent policies and types of services within the organizations themselves. This is reflected in the interests and initiative of both board members and staffs.

One phase of this problem deserves further consideration. The American Public Health Association and the National Organization for Public Health Nursing are primarily professional organizations as distinguished from those which are engaged largely in health promotion in specialized fields. The health promotion agencies might find central organization profitable; the professional agencies could be a potent force in cooperative planning and national leadership but must necessarily retain their individual autonomy.

While there is apparently a desire among all the national agencies to secure greater coordination and cooperation in program planning and operation, there is believed to be a practical limit, varying in degree with each existing national organization, to which this coordination can go at the present time. Many of the organizations and individuals or groups supporting them financially seem unwilling to look with favor on an amalgamation which would forfeit their corporate identities, their names or their managements. On the other hand, the value of being housed in close proximity, of more effective joint planning and of certain joint enterprises is generally recognized. Some organizations regard the possibilities sympathetically and believe that further participation is practical, especially if additional funds can be provided. A certain degree of progress in this direction has already resulted and the future development might follow as an outgrowth of these experiences, rather than as a more radical change of fundamental organization. In addition to a joint fund raising plan which will be discussed by Dr. Dublin, there are four major services (group planning, field services, statistics, and health education) which appeal to me as worthy of consideration.

The need for constructive planning and for effective leadership along tested lines in the field of public health has been reemphasized during recent years. The experiences and studies of the national agencies provide the basic tools to be utilized by the professional lead-

ers of these organizations for united action. Here should be a body of fact and talent, sensitive to changing conditions and unbound by the fetters which sometimes handicap official personnel or organizations. Here should be sufficient power, through reinforcement and stimulation of official organizations, to wield a significant influence in the sound future development of public health policies and programs. The coordinated influence of the agencies as a group, through continuing studies and joint planning, could be ever ready to foster gradual improvements as well as to act promptly and in a concerted manner in a national critical or threatening situation. While the individual and specialized organizations, each in a respective field, have a great opportunity for study and leadership, there is obviously an even greater challenge for group planning and leadership in the public health field as a whole.

An efficient joint field service would aid in raising the level of health practice and promote understanding and helpful relationships between the national organizations and professional workers in the states and local communities. More joint planning of field service and schedules seems worthy of trial. Much progress has been made in the development of techniques of surveys, in the improvement of methods of health services, in the elevation of standards for personnel and training. Stimulation of interest in the field has led to increased opportunities for field service relating to organization and administration, and for consultation service both in the field and in the offices of the national agencies.

At least eight organizations which are housed in Rockefeller Center maintain some statistical personnel and carry on statistical work of various types. Some of this activity is primarily to provide current information regarding certain aspects of the problem for which the agency is constituted, while some is of a research nature. Are all of these activities too specialized for a cooperative program?

Another joint unit program which seems logical to inaugurate is health education, divided into child health education, professional education, general health education, and publicity. The general health education phase might embrace public health instruction, including the radio, exhibits, moving picture service and publicity. It is believed that most, if not all, of the national agencies would benefit from a central publicity unit headed by a skilled director. The publicity committee of the Council has illustrated the possibilities of cooperative action. Such a unit would carefully edit all releases,

endeavor to secure wider distribution of material, and aid in the development of new publicity ideas.

The agencies now maintaining child health education personnel might pool their separate resources in this unit program to be directed by a capable child health education supervisor. The agencies whose functions represent specialized fields would supply technical information to the education unit, and this material would then be utilized through the techniques and methods of the unit. Besides the opportunity to reduce duplication and overlapping and to develop better understanding, there is a great opportunity to crystallize thinking and develop objectives. Furthermore, such a unit could render valuable service throughout the country in cooperation with health and school departments, parent-teacher associations, and women's clubs.

There is a large field of adult health education which needs development in conjunction with other phases of adult education. In co-operation with the American Public Health Association and the National Organization for Public Health Nursing, valuable service could be rendered in professional education. The National Health Library needs to be materially strengthened.

Finally, the activities which have been outlined as the basic features in national voluntary health service emanate out to the affiliated and independent state agencies and through them to the local organizations. The state voluntary agency will benefit from the national program and should scrutinize its opportunities in relation to the official program with a view to future development along promising lines. There is urgent need for serious attention to the possibilities of securing united efforts through coordinated programs on the part of the numerous state and local health agencies, just as there is need for a greater coordination in national activities. There are many factors of mutual interest, but while this common ground is more significant than the differences which exist in activities and problems, there is an unfortunate temptation to magnify the latter at the expense of the former.

The great need at the moment and the outstanding opportunity of the voluntary health agency is for leadership of a character to produce group thinking and comprehensive planning to secure better coordination in public health. The American Social Hygiene Association is to be congratulated on its support of efforts toward such team work and united action. The resolution adopted at the last

annual meeting \* is an illustration of the forward-looking policy of this organization. It is to be hoped that similar action by other agencies may soon lead the way to practical next steps toward the goal which must be kept in view and achieved if voluntary health agencies are to continue to fill the place which should be theirs in the health conservation advances of future years.

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\* "Voted: To approve the resolution which reads as follows:

RESOLVED: That the members of the Association assembled in regular annual session, January 29, 1935, after due consideration, do hereby authorize the Board of Directors to proceed with further study of relationships with the National Health Council, its member agencies, and other organizations, and to take such actions as may be deemed advisable in promoting the social hygiene movement through such relationships, including, if necessary, revision of the organization and administration of this Association, and any mergers of its activities with those of the other agencies concerned."

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What forces can now be put into play against the formidable evils which gravely threaten family life, human happiness, civilization in general, and the very life of the race? . . . It is clear that no one force or agency is to be exclusively relied on. All the uplifting forces of society must be simultaneously enlisted in this cause—state, church, school, college, industrial and charitable corporations, and both preventive and remedial medicine. . . . But one may say, Are we to attempt the uprooting of ancient policies such as toleration and license of prostitution? The lifting of taboos against public discussion of venereal disease? I answer Yes, we are, because these ancient policies and taboos have everywhere failed to protect the human race from evils which in the long run will work its destruction. Former generations were not sure of that failure. This generation knows it. Former generations had no adequate means of contending against the disease which in the human race accompany the perversions and excesses of the sex instinct. We possess these means. We must go ahead.

Abstract from an address of CHARLES W. ELIOT,  
the first president of the Association.

## THE FUTURE OF THE SOCIAL HYGIENE MOVEMENT IN AMERICA \*

LOUIS I. DUBLIN

*Third Vice President and Statistician  
Metropolitan Life Insurance Company, New York*

There are several very good reasons why I should talk to you tonight. In the first place, my interest in social hygiene goes back many years. As a young biologist, I was very much attracted by the personality and work of Prince Morrow, who really launched the social hygiene movement in America. He called his organization "The Society for Sanitary and Moral Prophylaxis." It surely required genius to think of such a title. The emphasis was then largely centered on the possibility of controlling the venereal diseases, a field scarcely touched at that time by physicians or by public health workers. Dr. Morrow was among the first to realize the enormous depredations which these diseases caused and he started the machinery going which, with the help of such men as President Eliot of Harvard, Major Higginson, and our own Dr. Keyes and Dr. Snow, resulted in the organization in 1914 of the American Social Hygiene Association.

Later, as I began to investigate the population problem, my relations with the American Social Hygiene Association became even closer. I remember very well presenting several of my papers on birth control before your organization. I have long realized that at bottom the question of population centers around the family in its various relationships and that, of course, is a fundamental concern to the social hygiene movement. As a member of your Board, I have watched the growth and development of the movement here and abroad. I have long admired Dr. Keyes and Dr. Snow who rendered most valuable service to the movement during the war years and since. These two gentlemen have built up the working organization of our Society and have aroused the consciousness of the American people to the seriousness of the problems of social hygiene.

\* An address presented at the Annual Meeting of the American Social Hygiene Association, New York, January 15, 1936.

But the best reason for my speaking here tonight is that in recent months, I have enjoyed the confidence of your leaders who have discussed with me some of their pressing problems of administration and of finance. I have not only attended the usual Board meetings but have had many conferences with other Directors to whom the immediate difficulties facing the Association have been referred. I can assure you that these have been trying days. We have had to take stock of our present situation and concentrate attention on the future policy of the social hygiene movement. It was inevitable that out of these occasions a few thoughts should develop which I want to share with you. I come to you, therefore, as an old friend who is fairly familiar with the history of our organization, much impressed with what has already been accomplished, and vitally interested in the future possibilities of this very important field of public health and social welfare.

Professor Hiscock has already considered some of the problems of organization which the American Social Hygiene Association is now facing. I have the highest respect for his powers of observation and analysis. He has made a good diagnosis of what ails not only our society but also the other associations in the National Health Council. I accept his conclusion that the Social Hygiene Association and its neighbors must associate more closely and coordinate their efforts, must undertake more united planning and present a common front to those to whom they appeal for interest and support.

I would, however, go one step farther than Professor Hiscock. It has always seemed to me that the social hygiene movement, largely because of its original activity and because of the character of some of its support, has been conceived along too narrow lines. It has limited itself more than it should to the consideration of the venereal diseases and their control. I do not mean to minimize the importance of these diseases. They constitute a grave menace to the public health. Of all of the important conditions which threaten us, they have been the most thoroughly neglected both by the medical profession and by public health workers. But I insist that the problem of social hygiene is a much larger one than that of setting up the necessary machinery for the control of the venereal diseases. I stress this point all the more tonight because it is clear that, in the long run, the best way to attack the venereal diseases is by striking at the causes which create them rather than by attempting to patch up the end results—those who have contracted syphilis or gonorrhea. I am convinced that those who started the social hygiene movement saw this very clearly; but, unfortunately, in the exigencies of developing the organization, the

broader program has had to give way to the simpler and more immediate things that could readily be done.

It does not require great insight to see that the venereal diseases result very largely from the inadequacies and the maladjustments which afflict the present-day American family. Such social catastrophes as prostitution, the infection of boys and girls, husbands and wives, often hark back to the fact that the family as a social institution has been neglected or has broken down. Recently, I have been reading the study by the Goldbergs\* which presents the sickening case histories of young girls on our city streets. If we needed more evidence, we have here a picture of what happens to young people when the normal protections of the family are gone. After all, the family is still our most important single agency of civilization. Although we talk a good deal about its primary position, practically we have done very little to understand the forces which strengthen or weaken it as a social unit. I would, therefore, redefine social hygiene as that phase of the public health movement which is concerned primarily with the sex relationships within the family and then in widening circles with other individuals outside the family group.

Unfortunately, the agencies intended to serve the American family in relation to social hygiene are rather limited. They consist, for the most part, in addition to the few professional workers on our own and allied staffs, of social workers connected with philanthropic agencies, the medical profession and, to some extent, the clergy and educators. All usually come in contact with the family during periods of emergency when disintegrating forces are already at work. There is too little connection with families during normal times when there are no immediate difficulties to correct. The social worker enters the home when the family is in financial distress and requires some type of relief; the physician when disease has broken out; the priest or minister, even the educator, when the family or some member of it suffers from a difficulty which calls for advice and guidance. Few members of these professions are peculiarly fitted by training or background to understand the forces which tend to destroy individual integrity and to undermine the family unit. Most of them are handicapped by their acceptance of a social code which, in many parts of the country at least, has become rather outdated. The patterns of conduct have shifted greatly in the last few decades, but these changes have made very little impression on the point of view of these professional groups. There is accordingly an atmosphere surrounding their serv-

\* *Girls on City Streets: A Study of 1,400 Cases of Rape*, by Jacob A. and Rosamond W. Goldberg, New York, 1935.

ices and ministrations which makes for reticence and prudery when problems of a social hygiene character exist. The result is that serious difficulties are often covered up which should be exposed to the sunlight and fresh air. I realize that there are extraordinary exceptions to the picture I have drawn. But, for the most part, I consider the approach to the problems of social hygiene by these professional workers as far from constructive and helpful.

The social hygiene movement, therefore, has an extraordinary opportunity to present a broad and positive program. It has, of course, already done much to break down the false sense of shame and guilt which surrounds the occurrence of the venereal diseases. It has helped to remove much of the false modesty which prevented these communicable diseases and their causes from being discussed, investigated and treated in a scientific manner. It has done a great deal to promote scientific knowledge and has, in fact, created a vocabulary which parents and teachers and even community leaders are learning to use in spreading sex education and improving the environment of children in the home. But much more can be done. Family situations must be studied objectively to discover the forces which are breaking down individual integrity and are weakening the ties which bind the members of families together into wholesome units. It is necessary above all else to train a group of family visitors who will be adequately prepared to help families in these difficult situations.

For one thing, there must be a greater appreciation of the value of the newer psychology which has become available in recent decades. This has thrown a flood of light on the nature and effect of the sex impulses. We know better now than to look upon the indiscretions of youth and even on the so-called irregularities of older people as the expressions of inexcusable perversity. There is still so much that we do not understand about these manifestations as to make all of us feel rather humble. Certainly there should be no eagerness to condemn and to destroy. This lesson must be well understood by all who minister to the modern family. A code of social morality based on a scientific approach and on a mature understanding of the complexities of human personality is clearly called for to meet the needs and difficulties of people of the twentieth century.

To accomplish its purposes, the social hygiene movement must clearly ally itself with all of those agencies or activities which are in one way or another serving the social welfare. I have in mind the educational forces, the groups that are illuminating the relations between parents and their children, between growing boys and girls,

those that concern themselves with advising for marriage, the movement for better housing and recreational facilities and a host of other services which are taking form and giving a new color to the life of our people. The beauty of the situation is that many of these agencies are serving normal families before troubles arise. They are making available to everyday people a body of knowledge which should help to bring out of family life the best that is in it and to cement the relationships between the members in such wholesome ways that many of the difficulties of a social hygiene nature can be reduced to a minimum. If the full possibilities of cooperation with such allies working toward a common objective were realized, the resultant movement would become at one stroke the most virile, the most progressive, the most exciting branch of the public health movement in the United States. I do not mean to imply that no effort has been made toward such cooperation. So far as its limited resources have permitted, our Association has extended its work into many channels. The list of agencies with which cooperative projects have been conducted is a long one. Nevertheless, the surface has hardly been scratched especially if we aim to develop a clear-cut cooperative program for united action.

We need not be surprised if under present conditions the social hygiene movement in this larger sense has been starved. That is only a reflex of the limited scope and direction which the work has so far taken. The fundamental difficulty, as I see it, is that the problem has been very much understated both in national and in local terms. I am afraid that those responsible for shaping a practical program in the midst of the overwhelming obstacles of recent years have been too intent upon details of each year's work to sense the feasibility of rousing the country to support a program proportionate to the actual need. That we have not lacked for leaders and workers with vision is proved by the records of our own association. But these leaders have not been supported by mass action which alone can bring to full fruition the pioneer work of the volunteer agencies to which we owe so much.

Our Association has from the beginning centered its activities around the family as the basic social unit, and it has consistently striven to work with and through other agencies, voluntary and official, toward the goals I am endeavoring to set forth. The Association, however, has never had a yearly budget for national purposes of more than \$300,000, and since 1931, when the direct income was \$275,000, its resources have steadily dropped until today we talk in terms of \$100,000 for a year's work in the face of demands which were never before more urgent or important. No matter how highly we may

appraise the work done by the Association in the past, we must in the future make the maximum advance toward the great objectives which are immediately ahead of us.

The supporters of the social hygiene movement throughout the United States should now see the situation in terms of its real dimensions and think not in terms of tens of thousands of dollars but in terms of millions. Instead of a few dozen trained men and women who probably constitute the total personnel with real qualifications in the field of social hygiene, there should be hundreds distributed over all the country handling local situations with skill and vigor. If necessary, the National Association may well abandon its traditional policy of working behind the scenes through other agencies. In my opinion, the time has come when it must give up the idea of depending for half its funds upon one generous and broad-visioned contributor. The situation demands the widespread popular support of a very large public. The importance of the work certainly justifies nothing less. I say deliberately that in regard to its finances, the Society faces the very serious consequences of its own limited vision if it fails to meet the challenge of the day.

The field to be covered is enormous in its possibilities. The social security program which the Federal Government has initiated will make available large sums for local public health work and should open up the field of social hygiene on a huge scale. The communities are well on the way to becoming aware of the importance of their local problems and are naturally looking to our Association for guidance and direction. We could use a staff of hundreds of trained people to start the local machinery going once the help from Washington and the State Health Departments become available. The stage is set as it never was before, but the opportunity will slip through our fingers unless we go after it with a consuming passion. Everything in the past history of the society leads directly to capitalizing the present opportunity.

When I recall the last meeting of the American Public Health Association in Milwaukee I am all the more convinced of the propriety of what I am saying. The most stirring session of a rather long series of meetings was one given to a discussion of the venereal diseases and how to control them. The strange thing was that it remained for a foreign health officer, Dr. Rietz of Stockholm, to enthuse the members as they had not been stirred by any other speaker. He told simply how his city handled its social hygiene problem. There was not an American health officer present who did not wish that his public could

be brought to support him in doing as much for his own community. And the other phases of social hygiene work—educational legal, protective and family counseling can be made equally thrilling and appealing provided we speak as simply, directly and effectively as Dr. Rietz did before these health officers. The problem is with us and cries out for efficient handling. What we need is more trained people for local work to bring home to the general public the vital importance of all that the term social hygiene implies. Once the American public realizes the cost of maladjustments in terms not only of money but of destroyed and misdirected lives, it will come up to scratch, just as it always has when it understood what the situation demanded.

I would, therefore, insist that the first step in financing the Social Hygiene Association adequately is to appeal to the American public for that phase of health work which today insistently calls for public support. This work can be made to appeal to every intelligent family in the country. The conditions which require attention are perennially with us and affect all strata of society. No family is altogether free from the difficulties which arise out of its own inner emotional and moral conflicts.

There are theoretically a number of ways of meeting the present situation. One is to appeal directly to the public for financial support. It may be possible to arouse the American public out of its smug satisfaction, even at this late date. Such a move might well put the American Social Hygiene Association on its feet financially. I know that some of my colleagues on the Board are definitely thinking along these lines. Dr. Robert H. Bishop, of Cleveland, for example, is convinced that sufficient interest can be aroused through such a direct appeal to enable a strong national organization to be built up, with a large number of local units ready and willing to supply the funds to finance the work, both at general headquarters and in every locality. He may be right, but I am equally certain that such a campaign, to be successful, calls for expert direction and for a large staff of workers, including the most skilful advertising and publicity people. It would cost a considerable sum of money to launch and I for one do not know where the necessary funds and resources of personnel for such a financial campaign can be had.

Personally, I am inclined to question the validity of this direct approach. Even if funds were readily available, I am skeptical, because such a plan runs counter to what I believe to be the proper procedure under present conditions. The problem we are concerned with is not alone that of the American Social Hygiene Association,

but of virtually every one of the other national voluntary organizations, which together constitute the National Health Council. With few exceptions, they are all suffering from the same disease. They have a limited base from which they draw their financial support. Though they specialize in certain activities and appeal to particular groups in the community, in the last analysis they all draw on the same small number of persons who have a social conscience. If the Social Hygiene Association made a direct appeal to the public at this time it would by just so much confuse the situation for all the other agencies who must sooner or later make similar appeals to the same public.

I have, therefore, felt that the wiser method of financing our Association is along other lines, namely, to throw in our fortune with all of the other organizations in the National Health Council. I know that our Board of Directors have long been ready to do this very thing and have passed many resolutions looking toward such a possibility. The American Public Health Association and the National Organization for Public Health Nursing, being professional groups, can for the moment be excused if they do not join forces. I have some doubts also as to including the American Red Cross, although ultimately I believe that organization will become the center of the arch in this new conception of the National Health Council. But as for all the rest, I can see no good reasons why they should not do what Dr. George Vincent suggested many years ago, and my dear friend and former chief, Dr. Lee K. Frankel, many times afterward urged, namely, that all the national volunteer health agencies appeal as a unit to the American public for the support of their united work.

Such an appeal should be carefully prepared by those who are expert in matters of this sort. It should be sponsored by no one less than the President of the United States. It should have the unqualified support of the Boards of Directors of the many voluntary national societies. Coming with such backing I feel that the American public would not only be aroused but won over. This is the right time to launch such a campaign when so many of the health societies are in difficulties and when everyone seems to be convinced that the National Health Council has proved its right to leadership. It should be entirely possible to get several million American families to contribute a minimum of \$1.00 per annum and an average of not less than \$5.00 to support the work of this Council and its subsidiaries. Unless I am daydreaming, there should be available through this broad base of contributors, even at the beginning, a sum large enough to make possible an adequate and equitable allocation of funds along functional

lines to each one of the major divisions, including social hygiene, tuberculosis, the prevention of blindness, cancer control and the other health activities that are now associated with the Council.

The centralization of financing a national organization would have its local counterparts. There are already, in many areas, state and local health societies which attempt to cover the entire field of voluntary health work. The New York State Charities Aid Association is a very good example of what leadership can accomplish in executing a generalized program. The plan, as contemplated, would not, however, be cast in any rigid mold, but would allow the necessary flexibility to meet local needs and changing conditions. In one place tuberculosis prevention might require special attention; in another community, primary emphasis might be placed on venereal disease control. Another area might call for a campaign against malaria or hookworm. But in each community there would be a voluntary health society composed of public-spirited citizens who would help to support the whole program and stimulate the professional health agencies to do better work. The plan would, of course, be sufficiently elastic to permit those contributors who wished it to have their funds or their services devoted to a particular specialty. Generally speaking, however, the funds locally raised through membership in the voluntary health organization would be allocated by the central agency to the support of the various special activities in accordance with the opportunity to accomplish worthwhile results.

I do not mean to minimize the difficulties of the plan that I have outlined. There is an immense resistance to overcome. Nevertheless, I am convinced that the plan will succeed ultimately in spite of all opposition. It has the virtue of simplicity and rationality and, therefore, nothing will ultimately stop its realization. The problem of the American Social Hygiene Association is the problem of each and every one of the other societies. It happens that today a few are a little better off than are the others. But how long will they continue to be prosperous? Those who are enjoying the generous support of the public have acknowledged their sense of responsibility by developing new lines of health endeavor to supplement their chief activity. They have realized that the public expects a rounded health movement rather than emphasis on a narrow specialty. But such adjustments and concessions have led only to duplication of effort and to confusion. We are confronted by the fact that already one of the national societies older in point of years than our Association has thrown down the gauntlet and has questioned the right of one group to arrogate

to itself the exclusive right to sell Christmas seals. There are plenty of other organizations which will sooner or later raise the same issue. I think the time is at hand when those who are responsible for the isolationist policy will see the writing on the wall and before it is too late make a generous and reasonable adjustment to what is inevitable. It would be unfortunate if the public developed resentment over unnecessary delays in making these adjustments toward a well rounded voluntary health program. There is danger that all might then be lost. It would be the part of wisdom at this time for those who are in a position to do so to utilize the marvelous machinery which has been built up through the sale of Christmas seals to support the voluntary health movement on the broadest possible basis.

Of course, if we are to take the initiative in proposing this step to the other national organizations we must also be prepared for rebuffs. The solution which I have already suggested will not come easily. Vested interests do not give up at the first knock at the gate and it is entirely possible that there will be no immediate joining of hands after the happy manner I have outlined. If that happens, what should the officers and members of the American Social Hygiene Association do? It would be unthinkable for the Association to fold up and die. Such a catastrophe must not occur. If it did, it would be quite necessary to begin all over again and organize another Social Hygiene Association to meet the needs which clearly exist. This new society would then go through all the agonies of organization and of adjustment which our Association has weathered over these many years. If, therefore, it should be necessary to go it alone, I would then be in favor of launching the campaign which Dr. Bishop has outlined with all of the enthusiasm possible. All of us must throw in whatever influence and resources we have to keep the organization going. We must at all costs carry on the work; but my great hope is that even then we will continue to keep in mind that such a solution is only a temporary one. We will bide our time until the light seeps through and those who control the situation join forces with us for the great objective. This I consider to be a National Health Council or Society based on a broad democratic foundation, supported adequately by the American public to maintain the activities which are now conducted as individual specialties by our various national societies.

## EDITORIALS

### A DISTINGUISHED COMPANY

Few organizations have within their ranks such a distinguished company of pioneers and leaders in education, religion, medicine, law, and in the broad fields of human relations. This is brought to attention each year when the Association's Nominating Committee drafts members for duty as general officers and directors and for service on the standing committees.

In welcoming the new President and congratulating the membership upon his acceptance of election, one may speculate upon what a different history might have been the lot of this movement if it had failed to secure the guidance of the noted men whose names appear elsewhere in this number of the JOURNAL. Yet each of these felt that he merely stepped forward from the ranks, at the request of his fellow members, to render for a time an administrative service necessary to give effect to sound planning and continued progress in the public interest.

So it has been with Doctor Wilbur—a member from the beginning and vice-president for many years. Too busy with educational, medical and civic responsibilities to participate in any but the most urgent and needed of present day activities, he has, nevertheless, accepted this added duty. The public knows him best as a former president of the American Medical Association, as president of Stanford university, as Secretary of the Interior. Among our members, many have thought of him first as a physician and an officer or director in most of our national organizations for preventive medicine. Others will know him best as Chairman of the President's White House Conference on Child Health and Protection, and as an educator. Most of those who have known him throughout his long and many-sided career recognize his abiding interest in youth and opportunity for growth and development of each personality from conception to mature and useful citizenship.

Doctor Wilbur will have the united support and cooperation of our members, contributors, and affiliated groups throughout the nation; and the enthusiastic service of the staff in carrying the work forward.

#### A FORK IN THE ROAD

Everyone familiar with mountain climbing knows how difficult it is at times to decide which branch of a trail should be taken. It then becomes of great importance to consider all the evidence and draw upon the experience of every member of the party. Such a situation is now presented to the American Social Hygiene Association.

The Association had as its initial tasks research and field work for the securing of adequate knowledge and developing of practical ways and means for (1) combating syphilis and gonococcal infections, (2) promoting sane and sound sex education in its broad scientific and sociological meanings for all our population groups, and (3) environmental studies and cooperation in devising procedures for protecting children, youth and adults from influences detrimental to the normal functioning of sex as an important factor in human life.

Subsequently, the Association's services to governmental agencies, such as the Army, Navy, federal, state and local health administrations, were in the beginning clear-cut and of a character which could properly call for the principal support of one generous and understanding leader and large contributions from a small number of other contributors. There followed a period of years similarly financed in which the national organization worked on the up-building of public opinion and leadership through enlisting the interest of outstanding persons in existing local agencies. The hope was that these informed individuals would see to it that permanent social hygiene activities developed in their communities through the instrumentality of these agencies or some federated grouping of them in social councils or an equivalent arrangement. Only under exceptional circumstances was it expected that separate special-interest societies would have to be permanently established for all or any of the different phases of the social hygiene movement.

In its attempt to support this policy, the national association has appealed for additional support and memberships in ways calculated to avoid competing with or making specific demands upon the various local agencies carrying on social hygiene work. In the last few years this plan has not worked out well, either in the matter of financing the national work or the needed local activities. It is quite understandable that in depression years the agencies organized for other or more general purposes should give priority claim to their original and major interests. This, coupled with the policy of community chests requiring local organization for the work and evidence of at least two years of self-support for any activity taken into the chest group, has operated against the steady growth of local social hygiene work along the lines and under the auspices hitherto promoted. These influences have likewise militated against the growth or maintenance of a broad base of financial support for the National Association. Added to this difficulty, there has been a necessary reduction of income from the contributors pledging large sums and continuous support.

Thus the Association comes to a fork in the road: Shall it begin now to promote the building up of community and state special-interest societies to do the non-official work which is demanded, and prorate the national operating expense among them; or shall it limit its responsibilities and activities to a national clearing house, and limited consultation service for official and non-official organizations, groups, and individuals able to defray the expense, or doing original and outstanding work of such national importance that the Association is justified in contributing the entire costs of its services?

One other possibility complicates a decision on the route to be taken. This is the proposal to combine with other agencies of the National Health Council in joint fund raising and administrative programs.\* This latter way leads, in the opinion of some, downward and backward to obscurity and greater handicap; in the judgment of others, this way leads up to the

\* This proposal was outlined and discussed in the two principal addresses at the annual meeting, January 15, 1936, by Professor Hiscock and Doctor Dublin, printed in this issue of the JOURNAL, pp. 49 and 60.

mountain top, and accomplishment of all that the pioneers and their successors in promoting the social hygiene movement have visioned and struggled for in the interests of mankind.

Every member and friend of the Association can help determine which fork of the road shall be taken. The officers and board of directors desire your counsel and suggestions. Everyone seems agreed that there is urgent need for voluntary social hygiene work, and that it should be steadily expanding to meet immediate as well as later requirements. This calls for increased money and personnel. How shall these be secured, and how administered to ensure the greatest good to the greatest number of citizens both in the present and the future generations?

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There has been much discussion as to just what constitutes human welfare and goes to make up human progress. Where is the human race going? What are we seeking so busily? . . . There is a general opinion that we are moving in a desirable direction and that the outcome will be a favorable one for us . . . and though the visualization of our destination is as varied as are the ideals and aims of man, the maximum of human happiness for the maximum number is a universal standard of welfare. . . . The individual and his life and happiness are basic in any scheme of human welfare. . . . If the height of human happiness is to be obtained, then every advantage must be taken of all that is known of health and relief from sickness. . . . It takes time, patience, education to make things better. . . . History tells us that we of the civilized races can lose all that we have gained if we fail to follow the guidance of experience and fact. . . . Progress requires constant thought, planning and foresight.

Abstract from an address of RAY LYMAN WILBUR,  
President of the American Social Hygiene Association in 1936.

## THE ASSOCIATION'S ANNUAL MEETING

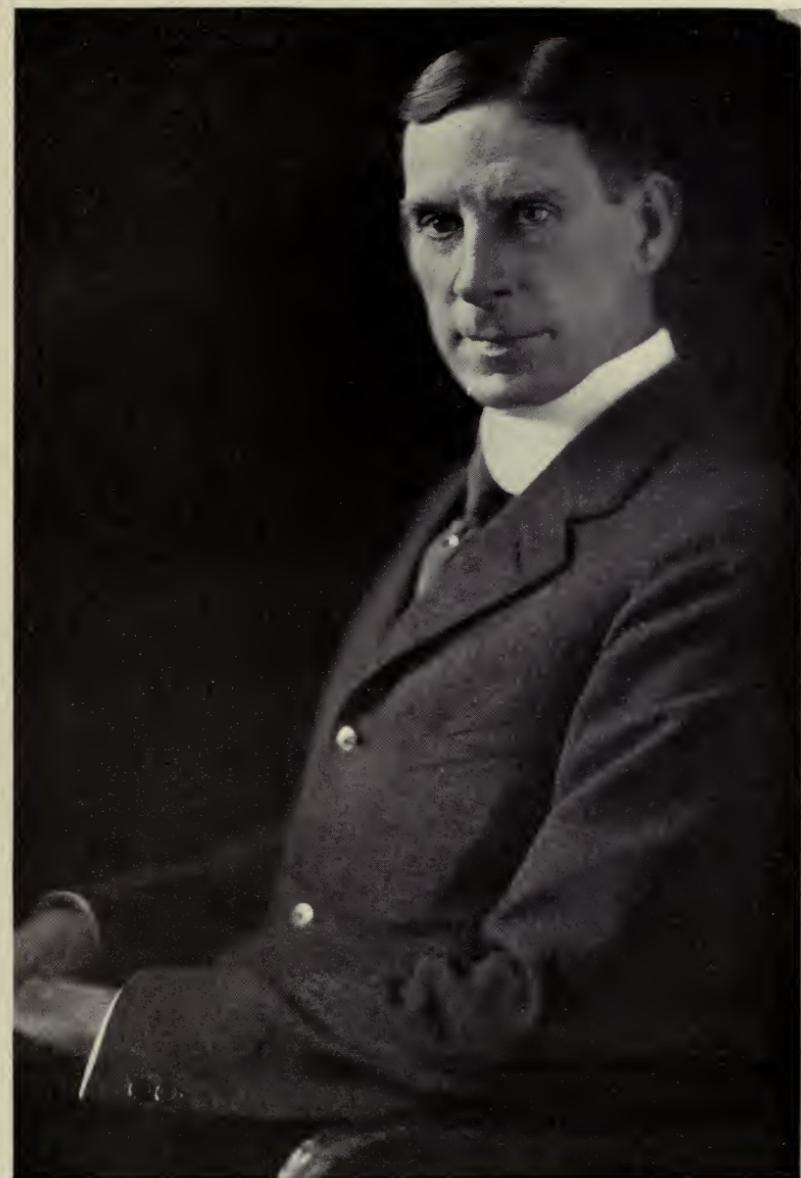
Wednesday, January 15th, was the occasion of the twenty-third annual meeting of the American Social Hygiene Association, held at the Hotel Pennsylvania, New York City. To facilitate attendance at both events, the sessions were held on the same day and at the same place as the Regional Conference of the Social Hygiene Council of Greater New York, of which the Association is a cooperating agency (see pp. 94, 95). The annual business meeting, called for 6.15 P.M., elected officers and received the annual reports. Other necessary business was discussed as presented. In the absence of the President, Mrs. Henry D. Dakin, the Association's Secretary, presided.

Following the business meeting, the members and guests adjourned to the dinner meeting, held in the small ballroom of the hotel, where a pleasant social evening was enjoyed in addition to an interesting program of addresses and discussion as mentioned elsewhere in the *JOURNAL*. Professor Maurice A. Bigelow, Chairman of the Executive Committee, presided.

An unavoidable tinge of regret shadowed the thoughts of those present that the close of 1935 marked also the close of Dr. Keyes' twelve years of service as the Association's President, he having succeeded to the office following the death of Dr. Hermann M. Biggs in 1923. Dr. Keyes' acceptance of the Chairmanship of the General Advisory Committee mitigates to some extent this loss and assures his further active participation in the Association's activities; and the election of Dr. Ray Lyman Wilbur as President guarantees the continuation of the prestige and influence brought to the organization by its previous chief officers, Charles W. Eliot, Abram W. Harris, and William Henry Welch, as well as Dr. Biggs and Dr. Keyes.

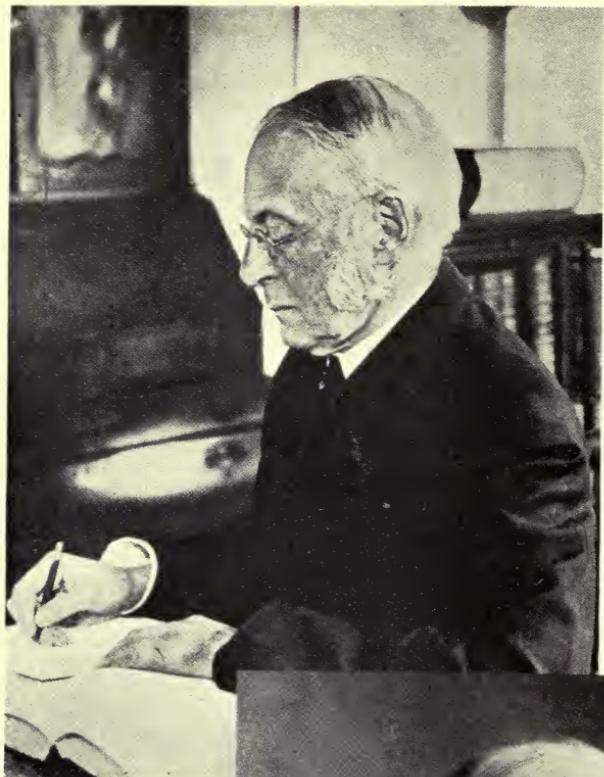
*Annual Meeting Notes and Reports*, in the following pages, give some of the highlights of the meeting.

PRESIDENTS OF THE AMERICAN SOCIAL HYGIENE ASSOCIATION



RAY LYMAN WILBUR  
*Elected January, 1936*

PRESIDENTS OF THE AMERICAN SOCIAL HYGIENE ASSOCIATION



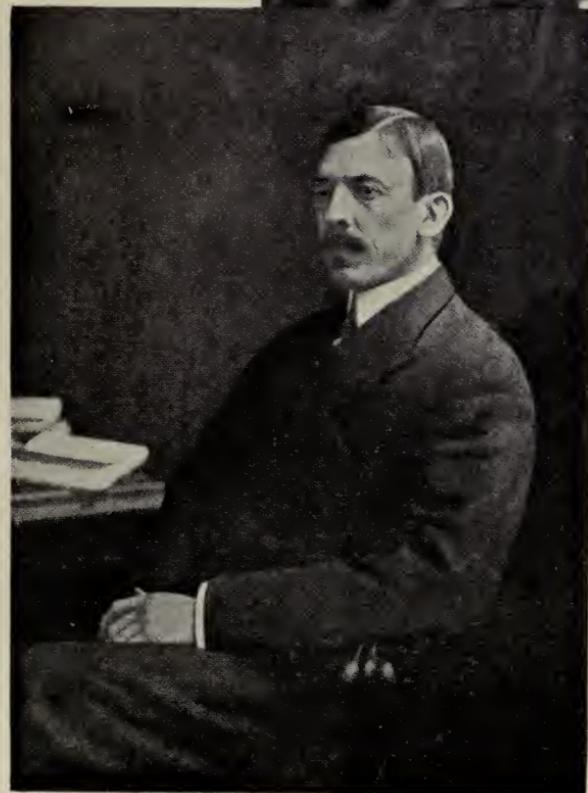
CHARLES  
W. ELIOT  
*the first  
president  
1913-1915*



ABRAM  
W. HARRIS  
*1916-1917*

PRESIDENTS OF THE AMERICAN SOCIAL HYGIENE ASSOCIATION

WILLIAM  
H. WELCH, M.D.  
*1918-1919*



HERMANN  
M. BIGGS, M.D.  
*1920-1923*

PRESIDENTS OF THE AMERICAN SOCIAL HYGIENE ASSOCIATION



EDWARD L. KEYES, M.D.  
*1923-1935*

## NOTES

In introducing the speakers at the evening session, the Chairman, Professor Bigelow, presented the following letter from Dr. Keyes to Mrs. Dakin, Secretary of the Association, and notes on his address:

"It is with the greatest regret that I find I must be absent from the dinner and evening session tonight—as a matter of personal health conservation.

"As to introducing our guest speakers, you and Professor Bigelow will do that better than I—although I am sorry not to add my personal word of appreciation of their contributions to what will prove to be a most important and historic meeting of the Association.

"As to my own remarks, I had planned to present a 1936 revision, so to speak, of my address of a year ago; and I am sure that most of our friends and members know my views." . . .

"The public has been absorbed in the obvious relief and unemployment problems of recent years without realization that reductions in essential social hygiene activities now will produce serious consequences for future generations. The medical and public health control of syphilis and gonococcal infections has assumed both national and local importance, second to none of the other major problems of preventive medicine. The governmental agencies have recognized this, but have had thus far neither money nor popular support to meet the situation adequately. Social hygiene education and training for family life and the protection and maintenance of favorable environmental conditions similarly have been handicapped. In view of the laws enacted by the last Congress and state legislatures, and the appropriation bills now pending which include great possibilities for expanding official social hygiene activities, there is urgent need for more rather than less voluntary work—especially activities of local and state agencies. Upon these will depend in no small measure success in utilizing the federal, state, and local funds which are counted upon in future years. . . .

"I am moved once again to recommend that special effort be made during the coming year to increase our membership in every part of the country, and among every class and professional group of the population. I am concerned, however, that the attention of new members shall be directed *not only* toward continuing our influence in the medical and health conservation fields and in other established phases of our work, *but particularly* along lines calculated to achieve the greatest results in education for marriage and family life. . . .

"The children of today are coming of age in a troubled world. Our young people now find neither the opportunities nor the encouragement for early marriage and home-making which their parents enjoyed. They find little help in solving their problems of postponed marriage or in planning successful lives if home and children are not to come within their experience. Those who have married and find

themselves without adequate means to support a family are facing other questions for the solution of which they need competent advice and sympathetic understanding. The Association should give particular consideration to cooperative projects aimed at helping these young people and providing the counseling they require. . . .

"The two gentlemen who are to open our discussion upon 'Opportunities of Voluntary Health Agencies' may be counted upon to give us challenging statements upon what lies before voluntary groups in all fields of health and welfare. The immediate problem of this Association is not whether it shall continue its program; but rather shall it continue an isolationist policy such as it has necessarily pursued in large measure to the present time; or shall it make further efforts to speed the day when it may hand over its equipment, personnel, and heritage of experience and accomplishment to the directors of some larger unit of organized health and welfare activity? There is no doubt that much remains to be done, and that this Association can continue to do good work, but its directors and officers desire to see the best possible work done in a manner most beneficial to the people of this country, and under auspices commanding the greatest confidence and support from every part of the country. . . .

"I know that you will be impressed and entertained by our speakers of the evening. I hope you will vigorously attack their theses to the end that our Board of Directors and our Advisory Committee may secure from you opinions which will enable them to select a wise course for the Association in the coming years. . . ."

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Following the addresses of Professor Hiscock and Doctor Dublin, active discussion brought out many shades of opinion and various difficulties which would have to be overcome before the National Health Council and its member agencies could hope to bring about such results as had been outlined as desirable and attainable. Many of the views expressed during the evening and at the preceding business session may be illustrated by the following abstract of comments:

There should be further study of correlation and uniting of activities of the American Social Hygiene Association with those of other agencies; but the Association should continue its existence as a separate national organization unless satisfactory plans can be worked out which would include adequate safeguards and assurance of steady development of the social hygiene movement throughout the country.

Too many people misunderstand social hygiene, and there is need for a central staff who are tactful and fully equipped to interpret the work. For this purpose, it is extremely important to maintain a national headquarters and to keep in mind that there are educational sides, and legal sides as well as medical sides of the work.—Cooperation in every possible way is important but conservatism regarding present advisability of complete fusion is important also.

It is recognized that proposals for amalgamation of member agencies of the Council present many possibilities of economy, extension of common services, and united action in fund raising; but the dangers of losing special-interest appeal through a general merger of national health organizations must be thoroughly canvassed to assure safeguards against such losses.

Comments indicate that arguments for uniting local voluntary health activities in one central health organization are steadily winning support; similarly there is much to be said for one state agency with adequate divisional activities in special fields; but the American Social Hygiene Association should continue its present services to state and local agencies at least until such services can be fully established and operated in some other way.

Joint activities which have been carried on by the National Tuberculosis Association and the American Social Hygiene Association have been valuable and might be enlarged with advantage; but the wisdom of combining financial appeals or extensively utilizing funds raised through the seal-sale for such purposes needs further consideration. . . . There is real danger of reducing the sums raised by such popular methods without increasing the amounts secured from large contributors under any plan thus far proposed for a united fund drive.

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In more particular reference to problems of certain special-interest agencies, it was pointed out that their present position may be likened to that of a manufacturing plant, well equipped and able to continue its central organization, but without adequate distributing facilities and marketing agencies for its ideas and commodities in every state and local community.

Professor Hiscock had referred to the American Social Hygiene Association as having resulted from realization that one national clearing house could most effectively serve all the needs of the movement. He emphasized the point that officers of the Association in the beginning had agreed that nothing would be undertaken which could be done better by some other agency, and that no activity would be carried beyond the time when it could be transferred to some existing permanent agency. Comments indicated apparent approval of the past policy of the Association in working primarily through other organizations having wider fields of interest to which social hygiene activities could be appropriately related. Continuance of cooperative projects for this purpose was commended, especially with parent-teacher groups, medical and other special societies, social work and character-building agencies, women's organizations, and other lay bodies.

It was thought, however, that a good deal may now be said in favor of a deliberate plan for setting up state and local social hygiene societies equivalent to the state and local units of the National Tuberculosis Association, and of other well-organized agencies. Somehow or other, community and state-wide promotion of popular understanding of social hygiene problems and support of programs of health and welfare officials in dealing with them must be brought about. If this cannot be done through continuous and expanding activities of other local and state agencies, as has hitherto been counted upon by the national association, then the latter should consider the feasibility of proposing standards of effective work, and promoting special-interest groups and societies to lift local activities in this field to the level of such standards wherever other agencies cannot be induced to undertake the work on this minimum basis of efficiency.

Whether such work is accomplished in communities through one organization or separate special-interest groups would seem to be a detail to be worked out in each locality undertaking a social hygiene program. It is important, however, for the community to carry on simultaneously work (1) in the medical and public health phases of the movement, (2) social hygiene educational programs for children, adolescents and adults, and (3) activities for promoting good environment and protection of all individuals from damage by exploiting forces in this field.

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The Chairman, in calling upon Professor Hiscock and Doctor Dublin for concluding remarks, summed up the discussions of the day with special reference to organization and administrative plans for the future. He pointed out that in view of such excellent and clear statements of the argument for united action under the Health Council or other national unit of administration as had been presented by the speakers of the evening, it was natural that discussion should be devoted largely to the limitations and possible dangers of such a step rather than to amplification of the favorable arguments. The members of the Association were earnestly invited to read these papers and discussion notes when printed and to send in their further views for the purpose of aiding the officers and Board of Directors to select a wise course for the Association in planning for 1936 and future years.

## REPORTS

## I

## Report for the Board of Directors—Mrs. Henry D. Dakin, Secretary.

In order to ensure time for full discussion of policies which should govern the Association's program and budget planning in future, the Board of Directors' Report is being limited to a few paragraphs and the submission of the following documents for examination and approval:

1. The Report of the Executive Committee for 1935.
2. The Report of the Finance Committee for 1935.
3. The Board of Directors' Minutes for the year 1935.

The Assistant Secretary has available for reference supporting material, including the Treasurer's statement, and reports from the General Director and other Committees. The usual confirmatory action should be taken if the proceedings and actions for the year are found to be satisfactory.

In conformity with the Membership Corporations Law of New York, there is also presented for your consideration and adoption the Corporation Report which has been signed by the Directors present.

The work accomplished during the past twelve months has been unusually significant and timely in its relation to and support of federal, state, and local official activities. Particularly in the medical and public health aspects of social hygiene, the year has produced encouraging results in the face of unparalleled difficulties. While the results in the field of legal and protective measures have been significant and encouraging wherever and whenever the Association has been able to make the staff available for cooperative projects with national, state and local agencies, there have been many areas of the country which the Association has not been able to assist or influence during 1935 because of the serious reduction in personnel and funds. No Federal official agency, comparable to the United States Public Health Service in the field of medical and health measures, has as yet seen fit to exert a coordinating and steady influence on the activities of state and municipal police departments and courts in dealing with prostitution and sex delinquency. In consequence there has been a noticeable deterioration since 1930 in the control of commercialized prostitution conditions in many sections of the country which the Association has been unable to assist or influence for the reasons above stated. The educational work is now on a somewhat more stable basis and may be counted on to grow and extend its influence on the lives and conduct of future generations through the established channels of education in this country,—although the demand for aid and guidance from the Association is as great as ever.

Without attempting on this occasion to present in detail supporting evidence, the Board desires to commend the Executive Committee's present limitation of the program to concentration on—(1) Public information through the national office, the JOURNAL, *News* and other publication services; (2) consultation with state and local public authorities and officials of voluntary agencies in a position to do effective work of immediate importance in community life and adjustment; and (3) cooperation with the Federal government in efforts to incorporate essential social hygiene activities in the various measures for assisting the states and the people in these difficult years. The Board recognizes, however, and desires to call attention of the members to the fact that much of the important promotional and extension work of past years has been dropped or seriously curtailed to make way for this emergency program.

The question discussed at the last annual meeting insistently presents itself and must soon be answered in this country: Must we now look forward to the building up of an independent national, state, and local organization for special fund raising and activities adequate to meet the proper demands for voluntary service in this field of health and welfare? Or may we continue our past policy with reasonable assurance of the development of a general health agency in the next few years, which shall have as a major division of its program the voluntary activities in this field which are so urgently needed and which have been so thoroughly demonstrated as sound and practicable?

Your Board of Directors has for years participated in and promoted the development of the National Health Council, in the hope that a notable administrative experiment along the latter lines could be tried. If the Council or some other agency or group of national agencies cannot be induced to test such a plan; or if the members decide that there is no hope or wisdom in it, then there should be a thoroughgoing revision of our past methods of working primarily through other agencies; and efforts should now be made to establish community, state and regional social hygiene committees and societies to do the work which must be done, if the results are to be achieved, which science and experience have made possible.

## II

### **Report of the Committee on Nominations—John M. Sundwall, Chairman.**

The Nominating Committee has continued during the year its study of ways and means of securing effective representative and economical service from officers and Board members selected with a view of intimate knowledge of their respective areas of the United States. It is always difficult to reconcile the administrative values of frequent meetings and personal contact of the directors and officers with representation from all parts of the country and from

all important professions and groups concerned in a national movement such as the American Social Hygiene Association. Again it is hard to choose between the advantages accruing from long experience and continuous service of qualified officers and directors and other advantages arising from frequent change in such personnel. Under these circumstances, it is perhaps to be expected that the Committee would attempt to secure some gain in each of these directions.

Faced with the necessity of accepting the resignation of Dr. Edward L. Keyes from the presidency, the Committee has sought to retain the benefit of his experience and counsel by suggesting his selection as Chairman of the General Advisory Committee.

For president, the Committee believes that, in addition to selecting a national personality outstanding in the fields of medicine, public health and education, there would be advantage in selecting a leader from the Pacific Coast where the Association has a large number of its members. Dr. Ray Lyman Wilbur, President of Stanford University, is therefore nominated for President for the year 1936.

It has been customary to name as vice-presidents members of the Board of Directors or committees of the Association who have had long experience in dealing with the problems of the national association as well as with state and local activities in this field, and to select these officers with reference to regional areas of the United States. Following this precedent, the Committee nominates—

Professor C.-E. A. Winslow, of Connecticut  
Dr. Albert J. Chesley, of Minnesota  
Dr. Elizabeth Campbell, of Ohio  
Dr. John H. Musser, of Louisiana

These four veteran members of the Association's Board of Directors are too well known to the members and to the American public to require any statement of their qualifications in this report. But the Committee desires to observe that in the present unsettled and changing conditions which are influencing social hygiene activities, as well as all other health and welfare work, it will be particularly important during the coming year to have outstanding regional leaders of the Association to guide the Executive Committee and staff in carrying out the program.

It seems to your Nominating Committee that the duties of Treasurer and of Secretary have been fulfilled with such distinction by Mr. Timothy N. Pfeiffer and Mrs. Henry D. Dakin that every effort should be made to retain their services in these positions, and we accordingly place them in nomination.

It is believed that the acceptance of election by this group of general officers and the appointment by the Board of Directors in

due course of equally strong chairmen of the Executive and Finance committees will give the social hygiene movement the national guidance and leadership which is vital at this time.

In studying the problem of an effective Board of Directors, the Nominating Committee has kept in mind the requirement that the President must name seven members of the Board to serve as the Executive Committee, and has considered the proposal that seven other members might with advantage be named as the nucleus of a reorganized Finance Committee; the remaining members being available for other committees of the Board or for special services. With these ideas in mind, the Committee nominates—

for the term ending December 31, 1936

Miss Florence M. Read  
Judge Lawrence B. Dunham

for the term ending December 31, 1938

Mrs. James Lees Laidlaw  
Dr. Louis I. Dublin  
Dr. Donald R. Hooker  
Dr. Thomas Parran, Jr.,  
Dr. William A. White  
Dr. Livingston Farrand  
Dr. William F. Snow

The Committee would point out that the proposed transfer of directors to the vice-presidency will leave vacancies in the Board, but recommends that these vacancies remain temporarily unfilled for the reason which was advanced last year which may be quoted as follows:

“Your committee believes that if this report (referring to the report of Professor Hiscock upon the National Health Council and its member agencies) proves to be as important and helpful as our Board of Directors and Executive Committee hope, it may be that some interchange of membership amongst the directors of the several member agencies will be advisable.”

Ordinarily the Nominating Committee has been expected to advise with the President upon his selection of committee personnel for the Association's standing committees which are customarily announced at this time, and personnel for the Executive, Finance, and General Advisory committees which the President places in nomination for confirmation by the Board of Directors. Under the circumstances, however, the Committee feels that existing committees should continue to serve temporarily until the new President of the Association shall have had time to study the situation and make his selections.

## III

**Report of the Committee on Credentials**—Mrs. Henry D. Dakin, Chairman.

1. The report of last year will serve with slight revisions as the Committee's statement for 1936.

The Association now has on its lists 10,269 names distributed as follows:

Individual members . . . . .	1,419
Life members . . . . .	30
Joint members . . . . .	151
Society members . . . . .	26
Library members . . . . .	206
Honorary members . . . . .	29
Corresponding members . . . . .	554
Collaborating members . . . . .	3,675
Foreign members . . . . .	314
Journal subscribers . . . . .	130
Contributors not otherwise listed . . . . .	235
Members whose status is pending owing to non-payment of dues and other reasons . . . . .	3,500

2. The Committee noted in 1934, after a series of decreases in new members and in total membership, an encouraging increase of 463 new members. In 1935 an addition of 455 new members has been recorded.

The distribution of the total membership by states, as shown in the accompanying tabulation, does not vary greatly from previous years.

	Number of Members December 31, 1935	Gain Over 1934	No Change
Alabama . . . . .	191	—	0
Arizona . . . . .	20	2	
Arkansas . . . . .	51	—	0
California . . . . .	729	36	
Colorado . . . . .	127	2	
Connecticut . . . . .	279	28	
Delaware . . . . .	39	—	0
District of Columbia . . . . .	220	5	
Florida . . . . .	110	5	
Georgia . . . . .	109	6	
Idaho . . . . .	24	1	
Illinois . . . . .	342	27	
Indiana . . . . .	117	10	
Iowa . . . . .	152	7	
Kansas . . . . .	113	4	
Kentucky . . . . .	56	4	
Louisiana . . . . .	220	6	
Maine . . . . .	52	3	
Maryland . . . . .	105	4	
Massachusetts . . . . .	412	19	
Michigan . . . . .	158	10	
Minnesota . . . . .	193	7	
Mississippi . . . . .	45	—	0
Missouri . . . . .	260	9	

	<i>Number of Members December 31, 1935</i>	<i>Gain Over 1934</i>	<i>No Change</i>
Montana. . . . .	81	1	
Nebraska. . . . .	46	3	
Nevada. . . . .	11	—	0
New Hampshire. . . . .	59	3	
New Jersey. . . . .	338	20	
New Mexico. . . . .	44	3	
New York. . . . .	1,525	81	
North Carolina. . . . .	510	2	
North Dakota. . . . .	73	—	0
Ohio. . . . .	467	35	
Oklahoma. . . . .	105	9	
Oregon. . . . .	123	2	
Pennsylvania. . . . .	621	28	
Rhode Island. . . . .	62	1	
South Carolina. . . . .	57	—	0
South Dakota. . . . .	131	7	
Tennessee. . . . .	95	5	
Texas. . . . .	295	25	
Utah. . . . .	57	3	
Vermont. . . . .	101	6	
Virginia. . . . .	169	12	
Washington. . . . .	201	3	
West Virginia. . . . .	90	1	
Wisconsin. . . . .	203	2	
Wyoming. . . . .	23	2	
Foreign. . . . .	314	8	

3. The Committee has continued in close touch with the Executive and Finance Committees; and hoped that more funds could be made available for the use of the Committee in efforts to secure additional members in all the larger cities and states; perhaps this may be possible in 1936. It is believed, as was stated last year, that if more attention can be given to this matter and if greater effort is devoted to enlisting the active interest of young men and women, more extensive and effective voluntary work can be stimulated.

4. The Committee would be interested in general discussion of the proposal that special efforts should be made to secure a large number of members and small contributors—say fifty or a hundred thousand; the appeal being based on the present need for a large and influential body of members in all parts of the country who believe in and are promoting actively in their respective communities the principles and practices of social hygiene for which the Association stands. Such discussion, however, to be of great value demands the suggestion of practical ways and means of securing such a large membership.

5. For the purpose of this annual meeting, the Committee reports a quorum of members present and qualified to vote on all matters presented for action.

## IV

**Report of the Committee on Resolutions—Ira V. Hiscock, Chairman**

Your Committee presents its report upon resolutions which have been submitted this year, in three parts. Under each item, the Committee desires to propose a motion for discussion and adoption or other action.

**1. Business Resolutions—**

- (a) Ratification of acts and proceedings of the Directors, Executive Committee and Officers of the Association.
- (b) Authorization for Revision of the Organization and Administration of the Association.

**2. Resolutions on the loss sustained through the deaths of officers and directors during the year.**

**3. Resolutions arising from the proceedings of the annual meeting—**

- (a) Requests to state and federal governments to assist local communities in protecting themselves and their visitors from commercialized prostitution.
- (b) Appreciation of the organization and program of the Regional Conference.

The services of the Committee during the year in advising the Board of Directors have not developed any matter which requires special mention at this time.

**1. Business Resolutions—**

(1) **RESOLVED:** That the acts and proceedings of the Board of Directors, of the Executive Committee, and of the officers of this Association heretofore had, be and the same are hereby ratified, adopted, and approved, and made the acts and proceedings of the Association at this meeting, to take effect as of the several dates on which the acts and proceedings purport respectively to have been had.

(2) **WHEREAS:** actions have not been taken during the year under authorization of the following resolution :

**RESOLVED:** That the members of the Association assembled in regular annual session, January 29, 1935, after due consideration, do hereby authorize the Board of Directors to proceed with further study of relationships with the National Health Council, its member agencies, and other organizations, and to take such actions as may be deemed advisable in promoting the social hygiene movement through such relationships, including, if necessary, revision of the organization and administration of this Association, and any mergers of its activities with those of the other agencies concerned.

And **WHEREAS**, further study is being given this matter which may lead to future action,

Be It RESOLVED: That the resolution of January 29, 1935, be reaffirmed by the members of the Association.

Be It Further RESOLVED: That any or all such actions as may be contemplated, including the sale of equipment and securities, reductions or transfers of personnel, and other revision of plans for conducting the work of the Association to the best advantage, be authorized, irrespective of any action by the National Health Council.

*2. Resolutions on the loss sustained through the deaths of officers and directors during the year.*

The Committee records the deaths during the past year of—

Dr. Abram W. Harris	Bishop Walter T. Sumner
Dr. Elizabeth B. Thelberg	Dr. Albert Pfeiffer
Miss Jane Addams	Mrs. Robert McEwen Schauffler
Sir Basil Blackett	Dr. Katharine Bement Davis

(3) Be It RESOLVED: That statements concerning each of these be spread upon the minutes with the deep sense of loss experienced by all our members in the passing of these old and valued friends who did so much in their lifetime to advance the social hygiene movement.

*Dr. Abram W. Harris*, educator and church leader, who died February 21, 1935, at the age of seventy-six, was the second president of the American Social Hygiene Association (1915-17) succeeding President Charles W. Eliot. During this time and previously he had been active in social hygiene work in his home city of Chicago, having been chairman of the Chicago Vice Commission and vice-chairman of the Committee of Fifteen. His interest in this field continued throughout his life, and his dynamic personality and accurate knowledge did much to secure participation in the social hygiene movement among the church groups with which he was affiliated, as well as with the educational groups, where, during a period of nearly forty years, he served as president of two universities, Maine and Northwestern, as well as headmaster of several important secondary schools at the beginning of his career.

*Dr. Elizabeth Burr Thelberg*, well-known physician and teacher, and Professor of Physiology and Hygiene at Vassar, died on April 22, 1935, at the age of seventy-four. As a member of the Association's General Advisory Committee, she made many helpful suggestions as to the national program, and in her immediate field of work she was among the first to apply social hygiene measures practically, her pioneer work in education of young women for marriage and parenthood being outstanding.

*Miss Jane Addams* served as Honorary Vice-President of the American Social Hygiene Association at the time of its inception in 1914 and for a number of years thereafter. At the time of her death, on May 21, 1935, she was a member of our General Advisory Committee. Miss Addams' great services at Hull House, for peace, for social service, for public health, are too well known the world over to need description. To the members of this Association and to all who have been interested in the social hygiene movement, Miss

Addams was known and revered particularly for her services on the Chicago Vice Commission and subsequent agencies, her challenging books such as "The Spirit of Youth in the City Streets" and "A New Conscience and an Ancient Evil," her lectures throughout the country, and her constant leadership in promotion of understanding and conservative action in this field as in so many other fields of human welfare.

The untimely death on August 15, 1935, of *Sir Basil Blackett*, world-famed expert in finance and President of the British Social Hygiene Council, has meant the loss of a valued friend of the social hygiene movement in England and elsewhere. Sir Basil first became interested in social hygiene in India in 1920 during his distinguished period of service on behalf of Indian finance. On his return to England, he was active in the affairs of the British Council, and beginning in 1928 was its President.

*The Right Reverend Walter Taylor Sumner*, Bishop of the Episcopal Diocese of Oregon, died on September 4, 1935, at the age of sixty-one. Dean of Saint Peter and Saint Paul in Chicago, he acted as chairman of the first Chicago Vice Commission in 1910. In 1912, he provoked nation-wide discussion by refusing to perform marriage ceremonies unless the prospective brides and bridegrooms showed medical certification of good health. He served as a Vice-President of the American Social Hygiene Association from 1914 to 1918; and as a member of its Board of Directors from 1919 to 1922. In 1925 he was a member of the Joint Commission on Home and Family Life of the Protestant Episcopal Church. He was also active in a score of health and welfare organizations in many fields of work. More recently, after moving to the Pacific Coast, Bishop Sumner was a member of the Board of Directors of the Oregon Social Hygiene Society.

*Dr. Albert Pfeiffer* was Director of the Division of Social Hygiene of the New York State Department of Health from 1924 to the time of his death, September 24, 1935. His thorough medical training in this country and England, and his wide experience as a practitioner of medicine in England and as a medical officer with the Army in France, gave him an unusual basis of understanding for delving into the complications of social hygiene in public health. He was ready and generous in his cooperation with the American Social Hygiene Association in solving problems of mutual interest.

*Mrs. Robert McEwen Schaufler* was a former member of the Board of Directors of the American Social Hygiene Association, and had been Chairman of the Social Hygiene Committee of the Missouri State Parent Teacher Association, and President of the Kansas City Social Hygiene Society. Her sudden death on October 24, 1935, occurred just before the opening in New York of her beautifully written play *Parnell*.

After a long and distinguished career devoted to the welfare of humanity, *Dr. Katharine Bement Davis* died on December 10, 1935,

at the age of seventy-five. Doctor Davis was a Vice-President of this Association in 1928 and 1929. For a time she was a consultant member on the Association's staff, and served as a member of our General Advisory Committee and Editorial Board. As a member of the committee invited by Mr. John D. Rockefeller, Jr., to establish a Bureau of Social Hygiene to study problems in this field, and later, from 1918 to 1928, as General Secretary of that Bureau, she constantly cooperated with the Association and forwarded its work in every way possible.

*3. Resolutions arising from the proceedings of the annual meeting.*

(4) WHEREAS, there is evidence of an increasing failure of local governments to deal effectively with prostitution and the conditions which lead to prostitution; and

WHEREAS, there are few, if any, state or federal official agencies which stimulate and assist their local governments to grapple with these evils in the same manner in which state health departments and the United States Public Health Service stimulate and assist local health departments in their fight against the venereal diseases; and

WHEREAS, there is a growing feeling of frustration in the minds of many good citizens in such communities because of these failures, and an increasing disposition to favor the adoption of a system of licensed or tolerated and regulated prostitution in spite of the rapidly diminishing support for such a system in the foreign countries where it originated; Therefore, Be it

RESOLVED that The American Social Hygiene Association reaffirms at this the twenty-third annual meeting of its members, the judgment which resulted from the original studies of prostitution in this country and all subsequent studies which have been made here and abroad,—namely, that commercialized prostitution is an unmitigated and unnecessary evil; that this evil has been and can be greatly reduced in this or any country by educational, social, and legal measures; that neglect of or indifference to this evil carries in its train such serious damage to the health and welfare of our people that no state or national government can afford to ignore it.

Be It Further RESOLVED that, for these reasons, this Association respectfully recommends to the Federal Government and to the several state governments that they set up administrative machinery and adopt permanent programs and budgets which are calculated to guide and assist the local communities in reducing this evil; that, as a first step in this program, the Federal Government be requested to provide funds for further activities of the United States Inter-departmental Social Hygiene Board or for some equivalent federal administration qualified to carry out a program of protective social measures in communities visited by soldiers, sailors, Civilian Conservation Corps camp boys, and the Indians, for all of whose health and welfare the National Government is charged with an unescapable responsibility.

(5) RESOLVED: That this Association records its appreciation of the program and effective planning for the Regional Social Hygiene Conference under the Social Hygiene Council for the Metropolitan Area of New York, and directs that a copy of this resolution be sent to the Council.

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## PROGRAM AND BUDGET FOR 1936

### *Program*

#### *I. Continuance of the National Office*

Program activities grouped under this heading have grown out of experience and services of past years, and the demand for them increases year by year. To meet the demand, it is necessary to supply authoritative information and references upon what is being done and planned throughout this and other countries. This requires extensive correspondence, observational trips, studies of new methods, collection and analysis of data, and preparation of useful summaries. No important changes are contemplated for 1936 in these services.

#### *II. Publications Service*

The publication of the *JOURNAL OF SOCIAL HYGIENE*, the *NEWS*, pamphlets and other printed material, and the distribution of films and exhibits are activities closely related to the informational services of the national office on one hand, and on the other hand to the educational and promotional work of local societies and affiliated agencies. It is hoped to improve the effectiveness of this service and revise it in accordance with the expected growth of official programs following federal allocations of money under the National Security Act.

#### *III. Cooperative Projects To Be Continued*

Among the cooperative activities which require continuance, the following should receive special mention:

1. *Library Service.* The flooding of the country with objectionable books and periodicals dealing with so-called sex problems, and the distribution to young girls and boys of millions of pamphlets describing these publications in suggestive and unwarrantable terms, have brought a demand not only for their suppression but for increased efforts to equip the libraries of this country with proper books and pamphlets accessible to parents and teachers and to young people according to their needs. The indications that such commercialization of popular desire for sex knowledge is being tied up with schemes for selling harmful, useless, or otherwise objectionable remedies and devices, accentuates the importance of plans for cooperation with the American Library Association, the National Health Library, medical and other special libraries, and public libraries generally.

2. *Promotion of Education for Marriage and Family Life.* The series of agencies, both official and voluntary, studying and trying out methods of providing for this educational need has greatly increased. The Association's known interest and studies in relation to this subject and its record for promoting sex education in cooperation with parents, teachers and church authorities, lead to its being urged to give assistance and guidance to many of these attempts to provide young men and women with this essential part of their preparation for successful living. Continued participation, so far as practicable, is planned for 1936.

3. *Cooperative Activities with Voluntary Agencies.* Certain joint activities have been planned with the series of national voluntary organizations which we have been assisting to build up social hygiene sections or standing committees in past years. Among these, it is particularly important to continue relations with: (1) universities and colleges, the Federation of Women's Clubs, and the Congress of Parents and Teachers; (2) the Federal Council of Churches and other religious groups; (3) the Conference of State and Provincial Health Authorities; (4) the other members of the National Health Council; (5) law enforcement and protective committees.

4. *Cooperative Relations with Official Bodies.* During the past three years, the Association's established services have been of value to federal and state governmental bodies, the listing of whose names indicates the importance of continued assistance so far as may be desired in 1936: the Army, Navy, Civilian Conservation Corps, Public Health Service, the Children's Bureau, Office of Indian Affairs, Office of Education, state and local health, education, and welfare departments.

#### IV. *Special Projects for 1936*

1. *National Security Act Administration.* The outstanding opportunity for service in 1936 promises to be cooperation with the federal bureaus and services concerned with social hygiene aspects of the National Security Act, and the state health departments and other agencies which are likewise charged with carrying out provisions of this Act.

2. *Migratory, Transient, and Temporary Groups.* The social hygiene content of educational, protective, and health activities for these groups under present conditions is assuming greater state and local importance. Services and facilities of the Association are in demand and should be supplied so far as possible.

3. *Surveys and Services for Youth.* The establishment of the National Youth Administration, the program of the Office of Education, and the voluntary agency activities in behalf of youth studies and services, bring many requests for advice and community coop-

eration to which the Association should respond so far as personnel and funds permit.

#### *V. Research, Studies, and Demonstrations*

*1. Further Studies of Administrative Action in the Control of Syphilis and Gonorrhea.* During 1935 the Association in cooperation with other groups brought together and supplemented data upon which was developed an enlarged public health department program for dealing with these diseases in New York City. Cooperation was then asked in the task of setting up the new Social Hygiene Bureau, to apply the recommendations made. These services have been useful, but should be continued into the coming year to be of greatest value. Added to this group of activities is a project with the United Hospital Survey in New York to outline a practical program for care of the sick afflicted with syphilis and gonorrhea. It is believed that this study will complement the one already made with the Health Department and provide new material for practical suggestions to other cities.

*2. Studies of Prostitution, Sex Delinquency and Illegitimacy in Relation to Selected Communities.* The purpose will be to bring up to date the Association's records of prostitution in the United States, and particularly to secure useful information on what is happening in communities influencing or being influenced by temporary groups such as units of the Civilian Conservation Corps, the transient and homeless, and others. Preliminary observations in cooperation with governmental and other agencies during the past two years indicate that this will be an important study if it can be made properly.

*3. Determination of the Practical Value of Informative and Educational Methods and Materials in Programs for the Control of the Venereal Diseases.* This is a project which it is hoped the United States Public Health Service may be able to undertake; but the Association will be asked to cooperate and should be prepared to assist. Another study which should be made relates to the practical testing of methods of answering ethically and giving helpful advice by correspondence to the great numbers of persons who write about sex problems and real or imaginary diseases or functional disturbances thought to be of sexual origin. A good deal of experimenting has been done and the interest of some of our outstanding educators and physicians has been attracted to the possibilities of such a study being made. Similarly, the development of practical methods for providing by correspondence "first aid" so to speak, for those desiring advice and guidance in marriage and family relations is needed, and preliminary studies begun last year will be continued.

*4. Continuation of the Survey of Gonococcus Research.* The project with the National Research Council has reached the point of publication of the Survey of Research on the Gonococcus and Gono-coccal Infections. This should be carried on, if it is possible for the cooperating agencies to secure additional funds.

5. *Second Conference on College Hygiene.* The Association proposes to continue its participation with the United States Office of Education, the President's Committee of Fifty on College Hygiene, American Student Health Association and National Health Council, in carrying to completion plans for this important Conference, in Washington, D. C., December 26-31, 1936.

6. *Follow-up of the "Town Meetings" on Health Conservation.* During the past year an experiment was conducted in connection with the Community Chest Mobilization for Human Needs. The National Health Council promoted "Town Meetings" to discuss local health needs in approximately five hundred communities. This Association has aided groups in towns and cities to include social hygiene in their programs; it is proposed to follow up these meetings during 1936 to determine how useful the project was in this field.

#### VI. *International Activities and Relations*

This series of activities, except in the matter of detail, will be a continuance of the programs of previous years. They relate for the most part to cooperation with the following agencies by correspondence, supplying of data, and such personal contacts as are permitted through informed persons representing the Association at meetings in Europe, or European travelers coming to the United States: (1) Social and Health Sections of the League of Nations; (2) International Union for Combating the Venereal Diseases; (3) International Hospital Association; (4) International Bureau for Suppression of Traffic in Women and Children; (5) Contacts with national groups in other countries, particularly in North, Central and South America.

#### VII. *Organization and Promotion*

1. It is proposed to continue membership and extension activities along lines established in previous years; with probable emphasis on expanding enrollment in the national Association and local units of a large number of individuals from each state.

2. Community organization for group action, or, if advisable, for the establishment of special-interest societies, to promote activities in this field will be carried on to the extent of the Association's facilities.

3. National Health Council cooperation and possible reorganization of the Association in relation thereto are matters to which attention will be given in the hope of effecting further gains for all concerned.

VIII. *Budget*

I. <i>Personnel</i>	
1. Staff Officers .....	\$34,000.00
2. Consultants and Associates.....	11,600.00
3. Secretaries and Office Assistants.....	10,600.00
II. <i>Operating Expense</i>	
4. Rental (including light and special service)...	6,730.00
5. General Operating Expense.....	4,570.00
6. Publications Service Operating Expense.....	8,100.00
7. Travel and Maintenance Expense.....	3,000.00
8. Annual Meeting, Audit, Board and Committee Expense .....	1,400.00
III. <i>Cooperative Projects and Other Purposes</i>	
9. Community Project Activities.....	2,500.00
10. Special Projects .....	7,500.00
11. Assigned to 1935 Commitments and Reserve...	10,000.00
Total .....	\$100,000.00

## NEWS AND ABSTRACTS

**New York Regional Conference a Success.**—Interest and participation in this annual event grows steadily. This year's meeting, held at the Hotel Pennsylvania on Wednesday, January 15th, attracted the largest audience so far assembled since the Greater New York Social Hygiene Council began its sponsorship of such occasions. The number of agencies joining in sponsorship, twenty-three last year, increased to twenty-eight for the 1936 Conference, and twenty-five hundred persons crowded into the meeting-rooms of the hotel for the various sessions.

The program, as given below, offered wide scope and variety of subject, and the talks and discussions were especially planned to be of practical value to the conferees, most of whom are on the social hygiene firing line in New York City and environs, and grappling at first hand with the problems considered. As usual, an extensive exhibit of posters, literature and other educational and informational materials supplemented the program sessions, and those in charge of the exhibit booths were kept busy with a constant stream of visitors and inquiries.

The Council, of which Dr. Jacob A. Goldberg is Secretary, is to be congratulated on another successful meeting, which was of benefit not only to those attending, but through cooperation of the press and the weekly news magazines \* brought social hygiene questions to a

\* See *Time*, January 27, 1936.

large portion of the general public. It has been suggested that an effort might in future be made to hold similar meetings in a number of communities at the same time, thus making it a national "social hygiene day" and focusing attention on what is being done locally to improve social hygiene conditions.

### Program

#### Morning Sessions 10:00 A.M. (4 groups)

**Subject:** The Toll of Gonorrhea  
**Presiding:** DR. HOWARD S. JECK, Cornell University Medical College  
**Speakers:** DR. EMILY D. BARRINGER, Kingston Avenue Hospital; DR. SHIRLEY W. WYNNE, Children's Welfare Federation; DR. STANHOPE BAYNE-JONES, Yale University; DR. WILLIAM BIERNAN, Mt. Sinai Hospital

**Subject:** Youth and Family Relations  
**Presiding:** DR. VICTOR C. PEDERSEN, The New York Institute of Family Relations  
**Speakers:** MR. WAYLAND D. TOWNER, Council of Social Agencies of the Oranges and Maplewood, N. J.; MISS AMY BLANCHE GREENE, Greater New York Federation of Churches; MR. ERNEST G. OSBORNE, Teachers College, Columbia University

**Subject:** Congenital Syphilis in New York City  
**Presiding:** DR. J. STURDIVANT READ, Long Island College of Medicine  
**Speakers:** DR. ALFRED POTTER, Kings County Hospital; DR. JESSIE MARSHALL, Babies' Hospital; DR. THURMAN B. GIVAN, Long Island College Hospital

**Subject:** Youth and Delinquency  
**Presiding:** MR. CHARLES L. CHUTE, National Probation Association  
**Speakers:** Relative Importance of Medical Psychiatric and Social Factors in Delinquency, DR. BERNARD SACHS, Sub-Committee on the Domestic Relations Court of the New York Academy of Medicine; Needed Steps in the Development of the Domestic Relations Court, HON. JOHN WARREN HILL, Domestic Relations Court; One Year of the Adolescent Court, HON. JEANETTE G. BRILL, Adolescents' Court, Brooklyn, N. Y.; MR. PATRICK J. SHELLY, Magistrates' Court, New York City

#### Luncheon Session 12:30 P.M.

**Subject:** A Unified Social Hygiene Program for New York City and State  
**Presiding:** DR. I. OGDEN WOODRUFF, New York Tuberculosis and Health Association  
**Speakers:** DR. JOHN L. RICE, City of New York; DR. GEORGE H. RAMSEY, State of New York; DR. R. A. VONDERLEHR, United States Public Health Service

#### Afternoon Sessions 3:00 P.M. (3 groups)

**Subject:** Control of Syphilis and Gonorrhea in Europe  
**Presiding:** DR. WILLIAM F. SNOW, American Social Hygiene Association  
**Speakers:** DR. DAVID J. KALISKI, Beth Israel Hospital; DR. WALTER CLARKE, Bureau of Social Hygiene, Department of Health, City of New York; DR. WILLIAM BAYARD LONG, St. Luke's Hospital

**Subject:** Venereal Disease Problems Faced by Social Agencies—Both Public and Private  
**Presiding:** MR. DOUGLAS P. FALCONER, Brooklyn Bureau of Charities  
**Speakers:** MISS H. IDA CURRY, State Charities Aid Association; MISS EDNA MCKEEVER, Board of Child Welfare, City of New York; MISS NATALIE M. DODD, Association for Improving the Condition of the Poor

**Subject:** The Role of Women's Organizations in Promoting Sex Education  
**Presiding:** PROF. SARAH M. STURTEVANT, Teachers College, Columbia University  
**Speakers:** MRS. JAMES LEES LAIDLAW, American Social Hygiene Association; MRS. MARION SIMONSON, State Committee on Tuberculosis and Public Health; DR. VALERIA PARKER, American Social Hygiene Association

5:00 P.M.

Meeting of the Social Hygiene Council of Greater New York

**National Health Council Elects New Officers and Considers Important Projects.**—The annual meeting of the National Health Council, held February 13th in New York City, was of special interest to Association members for several reasons. Aside from the general satisfaction felt in the election as President for 1936 of Dr. Donald B. Armstrong, long time member of the Association and of the General Advisory Committee, the choice of Timothy N. Pfeiffer and Maurice A. Bigelow, both officers of the Association, as vice-president and secretary respectively, was a gratifying recognition of ability and service. Another matter of social hygiene interest was the proposal, made through the Council Executive Committee by Dr. Robert H. Bishop of Cleveland, that the Council might sponsor fund raising campaigns for one or more of its members in connection with practical studies and experiments in their financing and the provision of income for the Council. The general recognition of syphilis as the most pressing present-day problem in the control of preventable diseases, and the practical concern of most of the member agencies of the Council in the limitation of this disease led to a special discussion of the American Social Hygiene Association as one of the agencies towards which such sponsorship might be extended. The action of the Executive Committee in favoring this general principle was endorsed by the Council and referred to the President and Secretary with power.

Another project of unusual interest related to the World's Fair, proposed for New York City in 1939. A special committee of which Dr. Snow is chairman has been appointed by the Council's Executive Committee to confer upon this matter with committees or persons similarly appointed by other national and local groups. It was pointed out that there were at least three important groups of problems: (1) Health and medical exhibits and instruction, (2) Scientific standards for programs, exhibits and activities, (3) Measures for the protection and welfare of visitors. The possibility of a permanent Museum of Hygiene in New York, as an outgrowth of notable exhibits during the Fair, was also discussed.

Of outstanding interest was the annual report of the special committee on Agency Relationships, growing out of the study of the Council and joint relations of its member agencies made by Prof. Ira V. Hiscock of Yale University, in 1935. The committee recommended further study and development of several sections of the report, including:

1. Programs of health education for schools and colleges, and adult education
2. Coordinated field service for the member agencies of the Council
3. Expansion of the National Health Library and provision for adequate personnel and support
4. Continuance of and additions to the common services of the Council
5. Increased efforts by the Boards of Directors and executives of the member agencies of the Council to promote the ideal of coordinated national planning for programs in the public health field

Aside from the officers already mentioned, the Council reelected as treasurer Frederick Osborn, and chose for membership in the Board of Directors eleven representatives of the member agencies, plus ten members at large, representing public health administration, education and research. These directors are as follows:

*Representing member agencies of the Council:*

Dr. R. M. Atwater	American Public Health Association
Colonel H. E. Bullis	National Committee for Mental Hygiene
Mr. L. H. Carris	National Society for the Prevention of Blindness
Miss Dorothy Deming	National Organization for Public Health Nursing
Mr. Howard Green	National Committee of Health Council Executives
Dr. Kendall Emerson	National Tuberculosis Association
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Dr. S. H. Osborn	Conference of State and Provincial Health Authorities of North America
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Dr. F. N. Sperry	American Society for the Hard of Hearing

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Dr. H. S. Cumming	Dr. A. S. Knight
Dr. William DeKleine	Colonel Theodore Roosevelt
Dr. Louis I. Dublin	Dr. Ray Lyman Wilbur

In presenting its report, the Nominating Committee particularly mentioned regret that Colonel Roosevelt has found it impossible to continue to serve as President, and recorded recognition and deep appreciation of the services rendered by him in his two years' incumbency of the office. It is a matter of satisfaction that as a member at large of the Board of Directors he will continue to give the Council the benefit of his wide experience in public welfare and related activities. The Nominating Committee felt that in electing a new president the Council is especially fortunate in being able to secure Dr. Armstrong. In addition to his intimate knowledge of all the member agencies and their fields of activity—he made the final study of voluntary health agencies which led to the Council's organization in 1920, and was its first Executive Secretary—his training and experience in scientific, medical and public health work, and his nationwide acquaintance and prestige as an administrator in the health field, constitute exceptional qualifications for the job.

THE AMERICAN SOCIAL HYGIENE ASSOCIATION has been since 1914 the national voluntary agency for social hygiene. Its purpose is to encourage, strengthen and preserve American family life, by such means as

Health Protection—through prevention and treatment of the health enemies syphilis and gonorrhea

Good Environment— influenced by provision for wholesome use of leisure time, exclusion of degrading amusements and repression of commercialized prostitution

Successful Living—amplified and safeguarded by sound sex instruction and education for marriage and family relations

The Association is glad to aid and advise all agencies and individuals interested in working towards these objectives, and seeks their cooperation in planning and carrying out the national program. The organization is supported entirely by voluntary contributions and membership dues, which come from every part of the country. Membership privileges include: the monthly *JOURNAL OF SOCIAL HYGIENE*; the *SOCIAL HYGIENE NEWS*; copies of pamphlets (on request); 10% discount on books in our selected list; library loan and reference privileges; advisory service from the staff.

**Annual dues, \$2.00. Library membership service, \$3.00.**

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A contribution, or your name for membership  
The names of others who may be interested

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PUBLISHED MONTHLY EXCEPT JULY, AUGUST AND SEPTEMBER

AT 372-374 BROADWAY, ALBANY, N. Y., FOR

THE AMERICAN SOCIAL HYGIENE ASSOCIATION

EDITORIAL OFFICES

50 WEST FIFTIETH STREET, NEW YORK CITY

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The JOURNAL OF SOCIAL HYGIENE is supplied to active members of the American Social Hygiene Association, Inc. Membership dues are two dollars a year. The magazine will be sent to persons not members of the Association at three dollars a year; single copies are sold at thirty-five cents each. Postage outside the United States and its possessions, 50 cents a year.

Entered as second-class matter at post-office at Albany, N. Y., March 23, 1922. Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized March 23, 1922.

Published monthly (nine issues a year) for the Association by the Boyd Printing Company, Inc., 372-374 Broadway, Albany, N. Y.

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# Journal of Social Hygiene

VOL. 22

MARCH, 1936

NO. 3

Marriage and Family Life Number

## NO RIGHT TO MARRY

IN LOVE—AND ON RELIEF. A STORY OF TWO ARDENT  
YOUNG PEOPLE CAUGHT BY THE DEPRESSION

MARGARET CULKIN BANNING \*

Mr. Masson had let his chauffeur go in August because, with things as they were, he didn't feel he could afford to keep him. He was sorry for Elam, but he was young and strong and a good mechanic and, as Mr. Masson said, there were many able people to be looked after. He didn't see Elam again until one day in January, when he met him quite by accident on the street.

Something in that encounter rang in Mr. Masson's mind, for he mentioned it to his wife next morning.

"I saw Elam yesterday," he said. "He's still out of work. He says the garages don't need anyone."

"Too bad," said Mrs. Masson. "He's a nice boy. And such a good driver."

Mr. Masson then remarked that it was "extraordinary" and, after reflection, explained himself.

"Elam asked me if I knew of any work. I told him no, not at the moment, but that I was sure things were taking a turn for the better. Then he said that he wanted to get married. Now. What do you know about that?"

"Married," repeated Mrs. Masson, "to that girl he used to go with?"

"I didn't know her."

"A girl called Agnes. He never took anyone else out. I remember her well. I know about her family. They're on relief. Isn't it shocking? There they are—Elam without a job and the girl and

\* Reprinted from *This Week*, New York Herald Tribune, March 24, 1935, by permission.

her family on relief—and talking about marriage. They have no right."

It was surprising to Mrs. Masson and a matter of some pride to find that she remembered Agnes so well. An artist or a sculptor might have explained the reason to her, but Mrs. Masson did not recall Agnes as beautiful. She had seen her in a brownish coat collared with a bit of worn raccoon and a little brown hat that rain and snow had often trodden on, for there was only one umbrella in the Catterall family.

Elam knew that Agnes was beautiful. Without the brown hat, her hair grew so firmly that it seemed to narrow her lovely head and sometimes, in certain lights, a little red showed in it, just as at certain times fun danced in her eyes, usually when it had no right to be there. Often her mother called her a crazy Irish girl. But Agnes was only partly Irish. There was Dutch, English, and Swede too in her blood. The Catteralls had been in the United States for two and a half generations and some of them had done fairly well for a while. Agnes herself was going to be a teacher at one time. She had gone to the Normal School for a year. After that she couldn't go back. The carfare alone made it impossible, and besides she hoped to get a job that would bring in money quickly. But except for the month that she had worked in Mencin's store during the holiday season, there had been nothing. Nothing, for more than a year now.

The family had gone on relief the year before, just after Christmas. It was a matter of coal for one thing. They couldn't freeze. It was also a need of food. They did have a few clothes left. That first day when Agnes and her mother asked their way to the intake department and Agnes had made out their application had seemed like the end of the world.

Later they explained about themselves very fully, as was necessary, to the investigator, Miss Glenn. They told her the facts, which were that the four Catteralls had no income. Mr. Catterall had died. He had a little insurance, but the funeral took a good deal of that.

"More than was necessary," Miss Glenn imagined, as she said: "I suppose that's all gone?"

Mrs. Catterall knew when she was being criticized and began a permanent hostility to the investigator, which did not prevent their getting relief when the case was looked into, for it was so clearly necessary. There was a boy of fifteen and a frail girl of thirteen. Agnes seemed to have taken most of the health and vitality that her parents had to give, and there was nothing she could do with it. Nothing, except fall in love with Elam Hunter, when he was chauffeur for the Massons.

Elam Hunter's name more or less explained him. He probably could have walked into the offices of the genealogical society of New York and found out many things about his remote family. But he belonged to a little cut-off spur of it, begun by a man who had come West on a lake boat as a sailor, and never gone back. Hunter made pretty good money on the boats for a long while and even bought

a little house to come back to between voyages. He drank between them too. Elam grew up to that and hated it. He hated the waste and the bellowing, and knew why his mother had run away years ago. He left school early and went to work in a garage and helped out at home for a long while, for his father couldn't get anything to do.

All these things were known to the relief agencies and to the Massons.

The point Mrs. Masson made was that this was no setting for marriage. Marriage takes equipment and revenue, a trousseau and linen. A feather-bed, a few hens, a few sheets—Elam's ancestors in their pioneer days had at least that much. But people on relief have no right to think of marriage.

Yet they thought of it. They thought of it with an absorption which gradually soaked up everything else in the world—joys and fears, family difficulties, necessities for food and shelter, provided by the government for both families now.

Elam would bury his lips in her throat, and she could hear him say in promise and denial, "When you are married to me—"

It seemed to them both as if the world might stop in sheer joy at the moment when she would be his wife. They wanted it terribly, more than food. Agnes was a bigger girl than her sister but she ate far less. She never seemed to need it.

She was conscientious.

"With things like this, we haven't any right to think about marrying, Elam."

"How can I help thinking about it?" he asked and made her tremble.

She said quickly, "I do too. I think of it all the time. Things are going to get better, don't you think so?"

"They say they are. But a pick-up's bound to be slow after this slump."

Mrs. Catterall complained a good deal. She wasn't easy to live with.

"You'd think that Miss Glenn was handing out her own money instead of the government's," she told Agnes, "and she says to me, 'Mrs. Catterall, I think if you put your mind on it, you could make the groceries more satisfactory. There are such nice ways to fix rice with cheese.' Rice with cheese!" Mrs. Catterall finished bitterly. "I said to her, 'Miss Glenn, I've boiled rice for years, and it always disagreed with Mr. Catterall anyway!'"

"Don't fuss, Ma," said Agnes. "She does the best that she can, I guess."

"Best she can! I've a notion to sit down and write a letter straight to Roosevelt."

"He'd never see it."

"I'm not so sure of that," said Mrs. Catterall, who had read stranger things in the papers, "and as for you, running around with that Hunter fellow with his drunken old bum of a father—"

"Leave him alone. Elam can't help it if his father drinks!"

"Drinks on the government's money!" exclaimed Mrs. Catterall, suddenly the patriot.

They put up with a good deal, Agnes and Elam, but all the time they muffled their trouble with the delight of each other. He heard the trouble louder than she did, for he knew that he must decide and that she would face anything if he asked it of her, if he begged it. He heard other fellows talking too, saying that it was no time to marry any girl, and that "you could keep out of that and have just as good a time." But the point was that Elam couldn't have just as good a time. He loved Agnes past the kind of desires that the young fellows he knew were riddled with.

He had no tradition of sophistication in him either. It wasn't in his blood to be easy or plausible with his passion. The genealogical society might have told him that the Hunters had been American pioneers and peasants, that some of them had been slaughtered by Indians, that they had been strict about domestic virtue and prayed with their wives before they loved them. They had supported them. That was what burned Elam up. He wanted to support Agnes, and he was a good mechanic and sober. He knew that every time he was turned down for a job. He saw Agnes with her scolding mother, taking as good care as she could of the other two children, mending, cleaning, getting thinner and lovelier, and he thought that, before something worse came along, they should have each other. But he had no right to marry.

Then he got a temporary job. The man who hired him said, "Elam, this may last a month or two months. I don't know. I'm sinking money in this garage and I'll do the best I can. But if business on this corner isn't what it ought to be, out you go and don't do any crabbing."

Miss Glenn heard about Elam's job and naturally cut off the amount of money the government was giving Mr. Hunter, senior, though Elam told her the job was probably temporary. He worked as hard as he could. He tried to make people like the garage service on that corner so that they'd come back. He made his wages go as far as he could, but of course it was nothing to marry on, with his own dependent father and the girl's family on relief.

One night he and Agnes went to a motion picture, a famous one which was being repeated after its second year at a ten cent theater. When they saw the girl who had suffered go into the arms of the man she loved, they didn't say much. But Elam thought he couldn't stand it much longer. He didn't want to tell her how he felt but she looked at him when they got outside and said, "Let's not wait forever, Elam. I might die. You—something might happen! It's dreadful of me but that's the way I feel!"

"I know," he said and hardly kissed her at all when he left her.

He knew he hadn't better. Then he walked and thought. There were the Catteralls, on relief. There were his father and himself and if this job blew up, they were headed for relief again too, perhaps. But what were he and Agnes to do? He might, he thought, take her to a hotel. And all of a sudden, the thought of turning the key in the door of a hotel bedroom, the two of them together for once, even if they never were again, began to obsess him.

After an hour he had to go back to the garage, for he was on night

service after midnight. It was empty and he washed a car. Then a man came in, muffled up to the chin against the cold, with a little, shabby coupe. The radiator was leaking and there was some packing needed. The man said he would wait, so Elam set to work at once. The man was friendly. He asked Elam about his job and himself and Elam didn't talk much at first. Then he found himself telling. Thousands of people had done that to the little man who could see struggle on a face that seemed impassive.

"I want to marry her," Elam said, "but I haven't any right to do it."

"Then what?"

That was what Elam had been thinking. He was still thinking of that hotel; it would cost about three dollars probably. He didn't answer. He looked it. He muttered that he had to do something, or that it was his own business—some rudeness struck out of him by his shame.

"You say you have no right to marry," said the minister. "Listen to me. You may have no right to work. I think you have but it may be denied you. You may have no right to money. But you always have a right to live with honor—"

Elam said, "She has."

He said that standing, for he was through with the repairs on the car.

"Thank you for being so quick about the work," said the minister. "I've a sick call. A man is dying and I want to get there."

Elam and Agnes were married on Thursday. Mrs. Catterall, after scolding them furiously, took pleasure in telling Miss Glenn it was none of her business.

"But what are they going to live on if he loses his job?"

Mrs. Catterall looked insolent. They had taken a room in the same house, up under the roof. Even Miss Glenn couldn't object to what they were paying for it. Elam would continue to help his father and Agnes would do the little she could for her family. It couldn't be stopped anyway. But it was the principle that worried Miss Glenn, going down the street, the principle of people with nothing marrying each other.

They had no right to do it, she thought.

But it did not seem so to Elam and Agnes, walking down the street on that spring afternoon, in their honor and toward their ecstasy.

## MARRIAGE AND MORALS

HENRY NEUMANN

*Leader, Brooklyn Ethical Culture Society*

Mark Twain observed in *Pudd'nhead Wilson's Calendar*: "A cat which has once sat down on a hot stove-lid, will never sit down on another. But neither will it sit down on a cold one." Many instances from recent times might be cited of how revolt against wrong might lead the disillusioned into practices that were not conspicuously wiser. Witness those circles where one of the unfailing signs of membership in the élite was the disparaging of permanent marriage.

Fortunately it looks as if the experiences of this present bitter decade were bringing many persons around to a new sobriety. They are seeing that along with the financial joy-riding of the preceding ten years, went other behaviors that were also morally light-headed. It is barely possible therefore that a cool re-examination of the pleas for the stricter view of marriage may not be entirely out of date.

Certainly the plea of today's rebels for a changed ethic of sex is not to be dismissed off-hand. Morals vary with time and place: why should this one field be deemed exempt from the law of change? Society already accepts many practices formerly condemned or unheard of. Birth-control is making headway. A woman can earn her own living in a wide variety of occupations; she can be divorced without losing caste. Is chastity therefore as necessary, on economic grounds, as it was when marriage was the only vocation open to her? Functions once performed by the home, like education, protection against violence or hunger, are now exercised by the State. If fathers are no longer absolutely indispensable, will it always be essential for them to remain with their families, and need the mothers then be married?

One can understand why friends of liberty defend these claims hotly. The handling of the sex problem is still stained in many homes by gross bigotry and cruelty. In the old-

fashioned melodrama when father learned that his unmarried daughter was carrying a child, he thought it his duty to drive her out (usually when it was snowing). Ben Lindsey had to deal with many such parents; and this need for his charity explains much in his recommendations, even though he seemed to propose as the only course for young lives still unspoiled, a method which he had found useful in treating lives already damaged.

So it is that in the interest of what they believe will be greater happiness all around, many persons nowadays, hardly open to the charge of being merely wicked, would have a marriage only where there are children. Second, they would save young people from unwise commitment by granting every freedom to experiment. Third, where a marriage is fruitful and both parties are reasonable and decent, they believe that it should be life-long, but that it should not exclude other sex relations. To keep the two people reasonable and decent, they must be educated out of the jealousy which husbands and wives now manifest "in consequence of the whole false outlook engendered by the older code."

The problem can be discussed without invidious reference. The rebels insist that their opponents are "Puritans," thin-blooded killjoys who are rationalizing their own envies and other deficiencies. This piece of questionable Freudianism does not take us very far. In the sophisticated circles where "living in open matrimony" has often been something of a reproach, it has been the mode to suppose that knowledge of human conduct was most profound whenever it seized for explanation upon the motives which were least admirable. Such a procedure is slightly out of date now. Besides, the argument may not unfairly cut in the other direction, too. Perhaps the champions of the new freedom are likewise glorifying—but we forbear.

Much as must be said for their pleas, their underlying philosophy of life cannot be left unchallenged. Too much that is still precious, and not alone in marriage, is at stake. The sex relation is only one of many associations in which individuals, groups, whole nations and races upon this planet of ours, do less than justice to themselves. For all these inter-

relations there is crying need of a sounder ethical philosophy than we get in the arguments of the "emancipated." Let us consider why by first viewing their leading proposals as to sex.

At more than one point their logic is far from impeccable. Dora Russell, for instance, is at great pains to show in *The Right to Be Happy* that duty is but an abstraction, a myth invoked to confirm sheer prejudice or convention. Yet the title of her book employs the word "right." Some of us were taught at college that a right to be happy, as distinguished from a wish, a whim, or just a will, implies that other persons are under a duty to respect that desire. My "right" to a piece of property puts you under the obligation to keep hands off. A moral vocabulary (and no less the reality which it is intended to designate) has often a strange way of being invoked by the very persons who begin by ruling it out.

It may be that we shall see a new generation adopting a more sober marriage code and saying explicitly what we have just seen said unwittingly and indirectly. Little is gained by pleading that in some countries women outnumber the men and that therefore they should be permitted to share with the more fortunate who have secured husbands, thereby "decreasing loneliness, envy, and jealousy and multiplying happiness." Perhaps this might work out for certain types of person. On the other hand, fine-grained women take such intimate relations very seriously. When their physical attractiveness wanes and the men betake themselves to younger women, will the "loneliness, envy and jealousy" in the world be so hugely diminished? And what about the men involved, and the best development of their characters? Also, is it to be argued that whenever men outnumber women, as is true in some countries and in many communities for long periods of time, the reverse of this proposal should be sanctioned as a way of decreasing loneliness, envy, jealousy, and multiplying happiness?

Why many women in particular accept this reasoning is still something of a puzzle. When the older feminists attacked the double standard, they were not pleading for a leveling down. The equality which they demanded was a

higher level for both sexes. They were scarcely ignorant of the fact that women enjoyed loving and being loved. Sex-joy can hardly be called an invention, or a discovery, of the machine age. The opponents of the double standard were—and still are—at least as awake to the realities in their problem as those to whom a single standard means equal freedom to transgress. Granted that many persons were kept to the straiter way by fears which have now been dispelled. Even where disease and child-birth can be prevented, or where other careers than marriage are open to women, the centre of the problem remains untouched. Reasons for the stricter code have not yet been ruled out for those whose philosophy of life takes in more than the individualism and hedonism still very popular.

That some restraints must be exercised, individualists too admit. Even Bertrand Russell insists that the mere gratification of the sex instinct without love is bestial. The one permanently valuable fact in the relationship, he himself tells us, is that it is a union not merely of bodies, but of the entire personalities. He warns us that he is against license, and that what he is advocating is freedom to love.

Consider well the implications of that thought. Here is a union in which at its best the deepest intimacies of the total personality are involved. How can any thoughtful being do other than shrink from squandering what is essentially so intimate and so exclusive? Those whose sense of fundamentals has not been confused by the libertarian fashion of the period understand that there are certain fine privacies which it is a kind of sacrilege to offer to anybody but the one person from whom is expected love exclusive and permanent. The physical mating is but a single incident in a process of wooing before and after. The rebels insist on the wooing before. They are silent upon the need which the woman and her honored mate, as distinguished from the harlot and her temporary male partner, or from the thrill-seeker, feel for the continued tenderness afterwards. Where the intimacy is not so exclusive and continued, every fibre of dignity protests against the cheapening which is otherwise suggested. Men and women of normal intuitions cannot

always put into words their sense of the resulting sulling of personality. It is much more important that they feel the difference between gratifying passion and being treated as a person, or if you will, as a soul.

Historians of manners and morals will find it hard to explain why the advocates of greater freedom in this field are at the same time such valiant foes of "standardization." Here on the one hand we are urged to resist the tendency to uniformity. On the other hand, women are exhorted to give up a distinctive trait by taking sex freedom as casually as the man is alleged to take it. There still are certain civilizing influences which have specially characterized women, aptitudes very closely wrapped up with the old-fashioned promptings which inclined them apparently more than men, to desire permanent unions. How the new equality is to promote a more richly varied civilization is not easy to understand.

When we are told that experimenting here will fit young people better to find their partners for life, again we cannot help wondering. "Experimentation" is one of those modern terms which get a certain glamor from their usefulness to science, but which for that reason are apt to suffer from an uncritical popularity. For experimenters to be scientific, we had supposed, they must be relatively mature, already fairly well-trained in the elementary requirements of their specialty, and possessed of at least a moderate degree of dispassionate objectivity. Scarcely distinctive marks of youth, particularly when they contemplate experimentation in sex. Will persons who demand freedom for repeated love always make sure that they really love the ones with whom they are intimate? We deal here with feelings powerful enough in adults who have already learned some of the grave consequences to which errors may lead. Mere boys and girls have their own difficulties, too. When they are told that the modern thing is complete freedom, provided of course there is love, will the negative after-thought be as likely to be heeded as the counsel to go ahead? It is expecting a great deal to suppose that they will make certain that what they

feel is not the passing fancy, or the sheer animal indulgence, which their spokesmen condemn.

This freedom before marriage is presumed to fit the young people to choose more wisely and so make the permanent union a success when once they settle down to it. But successful marriage is an achievement which is much less simple than that. It is an affair for grown-ups who have disciplined themselves in the essentials. If experience may still be suffered to have the floor, husband and wife need such gifts as forbearance, seeing their difficulties in proportion, a willingness to share burdens, a certain patience. These are achievements that require more than a trifle of practice. Will people take the trouble to cultivate them when they know that they can change their partners lightly? Husband and wife need a growing understanding of each other—not to mention yet what this means for their children. "People do not make the same preparations for a day's hike as for a trip around the world."

When the accent is laid upon escape through this freedom to change, there is less incentive to look for the qualities in the future partner which will wear well. Still more, if these impermanent relations are encouraged, how are people likely to feel the need to cultivate the solid, lasting qualities in themselves? Persons who are free to flit from one intimate experience to another will hardly make the effort to understand their partners or to cultivate in themselves the other qualities required for a lasting success. To reap the finest fruits of the permanent union, something better is needed than minds soaked in the idea of escaping as soon as new liking arises.

To say that experimenting will fit young people better to find their life-partners, if at all, after they have tired of shopping around, is by no means as realistic as it sounds. Rather does it seem to suggest that "realists" too practise evasion. For a relationship which requires the utmost consideration, self-control, unselfish loyalty, respect for privacy, let people prepare by looseness and promiscuity. Almost this resembles preparing for a position of financial trust by experimentation in embezzling. The unions are to be "tem-

porary." But temporary experiences can have hurtful effects which remain.

It is also proposed that people who are married should get over their jealousy, and "put up with such temporary fancies as are always liable to occur, provided the underlying affection remains intact." The jealousy which frowns upon these temporary fancies is "a restrictive and hostile emotion rather than a generous and expansive emotion such as love." It is merely a hang-over from the days when a man completely owned his wife and wanted to be sure that the inheritors of the family property were not some other man's children.

This playing up of the "possessive" aspect of jealousy by either men or women in sharp contrast with the "generous and expansive" side of love is typical. What about being jealous about a partner's good name and still better for that other's good life? There are men or women who consent to let a partner marry somebody else, with no possessive feelings, yet who are jealous in being deeply wounded. Like Fleur's husband in Galsworthy's *Modern Comedy*, the man has always thought his wife an honorable woman. Now he finds that she has been carrying on this sneaky affair. If he loves her, he is hurt just as much for her sake as for his own. His jealousy is not entirely the possessive impulse in him. It may be a very true concern for that potentially better self in her to which she has not measured up.

Or here is a wife who has shared with her husband years of trouble as well as joy. She has borne children. She has given them her care. Years of watching over them in health and in sickness have robbed her of the beauty which a less responsible or a younger woman still possesses; and now if she is jealous of her husband's infatuation, is her feeling only possessive? May it not be quite as much a reminder to him of that finer possibility, his capacity for loyal partnership, which he is permitting the passion for another to undermine and destroy?

Mr. Russell (quoted here because he has been considered by many to be the outstanding spokesman of the new dispensation) assures us: "To close one's mind on marriage against

all the approaches of love from elsewhere is to diminish receptivity and sympathy and the opportunities of *valuable human contacts*. . . . [Italics ours] Like every kind of restrictive morality it tends to promote what one may call a policeman's outlook upon the whole of human life—the outlook which is always looking for an opportunity to forbid something." It is hard to reconcile this with the statement that the best relation is that of love in permanent marriage. A strange love this, afraid to commit itself and open always to "approaches from elsewhere." It is like saying, "I love you, but with my fingers crossed." "I am yours—with reservations." "I promise to be faithful—but only until I am tempted."

Assuredly if a man remains true to his wife, he is cutting himself off from other "valuable human contacts." But somehow this does sound very much like arguing, "If I am honest and keep my hands off other people's property, I am depriving myself of valuable acquisitions. Certainly if I stole that automobile, I would not be missing the valuable contacts I might otherwise enjoy." Eat your cake and still have it. Love at its best is not likely to be understood by people open to the persuasions which more than once through the centuries have turned marriage into failure. These new proposals are less novel than they seem. The terminology is different. But the plea looks perilously like a new white-wash for a very old frailty.

Mr. Russell evidently has his doubts about this jealousy business. He sees what an obstacle it raises to the permanent marriage in which he declares he believes. So he recommends that jealousy be expelled from people's lives by changing public opinion with regard to it. He fondly hopes that eventually they can be educated into dropping it.

This is rather a curious line to take. He has been insistent, though he tells us he is not a Freudian, that to suppress natural impulses is hurtful. These are to be liberated; and now, when he has to deal with a natural impulse like jealousy, does he hold that *this* should be gratified? He does not say, as he does of the love impulses, that jealousy has its part to play in bettering the relations of men and women. Because

it interferes with his favored plan of spontaneity and freedom, he asks that people be educated out of it.

Such trust in the power of a moral education seems somewhat odd. On hearing this plea to educate mankind out of the jealous element in its affections, one cannot help asking, "Why pin your faith to a moral education in this one particular direction? Might not something be said for educating the other natural impulses, the roving affection, the unhindered lovemaking which you are so sure promises joy to everybody? If education is the way, why not educate for the kind of living which makes the jealousy unnecessary?"

Perhaps all this is but one aspect of the general problem of forgiveness. There is no field of conduct in which people can be more fiercely tempted than in sex. Husband and wife, like parents, are obliged to remember often how imperfectly civilized most of us still are. But it is one thing to forgive with an eye to the restoration of the transgressor and quite another to say, "Neither do I condemn thee. Go and repeat the offense." All in the name of progress! As an English wit put it, some of the rebels take the new gospel so seriously that almost "they sin now from a sense of duty."

The basic philosophy in all this is individualistic. To relate one human life to another, it has no other plan but the libertarian "Do not interfere. Let each take his own way of being happy, so long as he does not hurt anybody else." This is of course better than hurting, certainly better than officious, bigoted censorship. But as a positive plan for the relating of life to life, it is pitifully meagre. It is blind to the influence on others which people's conduct exercises even without intending to do so. Much as all of us are inclined to resent the repetition of the platitude, the affairs of men and women are not entirely their own business. The looser conduct of those who are childless creates a moral atmosphere in which it is harder for those who have children to remain faithful. Does any one suppose that free love can be restricted to people who do not expect to have children? A light way of taking so very intimate a relationship weakens the moral stamina of many parents whose children need from both of them the utmost loyalty to each other.

More positively, in the true marriage, the husband seeks to encourage the best in his wife, and she the best in him, for the sake of a still different best in their children. This is a life-long job, not likely to be prospered by the philosophies of impermanence. Dean Gauss of Princeton tells us that broken homes contribute three or four times more problem cases among the students than homes which might be classed as normal. The reason is plain enough to those who understand what still distinguishes a home from a stock-farm. The best contribution of the parents to their children is a spiritual gift. The man encourages his wife to offer their children all that is most excellent in her, and she in turn exercises this liberating influence upon the father. So engrossing a relation requires a growing knowledge, each of the other; and it requires long years of a comradeship in which control over roving inclination is only a minimum essential.

The problem is more than a question of whether husband and wife continue to love each other as before. Priceless as the love and the joy are, there is something in the successful union which is of still profounder consequence. At the beginning the two people want to unite their lives because they trust each other. They see in one another not simply capacity for affection, but other qualities to which each can sincerely look up. It is because they catch glimpses of this excellence and trust it that they take the great adventure together. Marriage succeeds to the extent that people understand the need of keeping on trying to deserve the trust. It is in this direction that we do well to want society to offer them all help.

What then can be done? At many points the home of the future will be changed for the better. The teaching of contraception will be placed on a socially recognized and legal basis as a properly integrated part of education and medical guidance for marriage and parenthood. Needless economic strains will be removed. Today, especially for people in the professions, marriage must be postponed much longer than a saner economic order would require. A wiser understanding of the psychology of sex will prevent many a wreck. But

in all this the ultimate direction is everything. The great need is neither more liberty nor stricter divorce laws, but rather a higher grade of personality and all that develops such inner excellence. Quite as the honorable need neither severer laws nor looser ones to tell them what honesty is, so the truly married understand, without law or other external coercion, what those loyalties are which make their union an increasingly noble companionship. The arch need is a training of people in the ordered freedom of those who respect the highest in others and in themselves. It is a training which must begin with children's earliest years. Sometimes successful marriages just happen, or seem to. But school and home can do much to increase the certainty. It is curious how some people can regard the basic moral qualities as essential to all the other plain business of every day but dismiss them as negligible or minor in the business of marriage. Better than keeping one's eye open to escape from the marriage which has failed is an education, before and after marriage, in those sounder modes of living which even the disillusionments of recent years have not quite discredited.

Take, for instance, the need to discuss with young people the views of marriage which they get from their reading, or see on the stage, or in the movie-house, where ideas about life are suggested with a vividness unequalled by any other educational agency we can mention. The stories from which the great multitudes get their pictures of marriage are about as misleading as can be imagined. Parents and teachers must do no little plain speaking on this head. Endless tales give the impression that the main thing in marriage is the physical joy; and not a few persons are quite prepared to accept the suggestion as final. It takes a skill not always at the command of Hollywood to paint the relationship in which this side of marriage finds its place among other considerations at least equally relevant. Or tales of courtship are shown with the lovers at last united and the impression left that all the rest is to be unending honeymoon, achieved at no other cost than just staying romantic or keeping that school-girl complexion.

Or else when the story treats of the years after marriage,

it centres the interest in some type of triangle plot. Entertainment must perforce be supplied by suspense, conflict, climax. Obviously, in a play about marriage, the surest way to offer these is to stage a conflict around forbidden desire. For this reason we can count upon our ten fingers good books or plays about the marriages which succeed. Where are the usual thrills when the two people are not even tempted to be unfaithful? It is the editor's counsel to the cub reporter all over again. When Dorothy Canfield told of a successful union in *The Deepening Stream*, she was obliged to get movement into the story by linking the marriage to the World War. In another novel without a triangle plot, H. G. Wells' *Marriage*, the two people were packed off from a British suburb to Labrador where the husband nearly lost his life in the woods. Most couples have to work out the plot in scenes no wilder than Flatbush or Pasadena.

The same limitation applies to the treatises on marriage. Literary advantage is all on the side of those who are more "scientific" because, as a young reviewer once tried to assure the writer, "they have the documents." But the successfully married still keep that respect for privacy which forbids them to counter with documents of their own; and in any event the dramatic thrills would still be on the other stage.

On all these matters there is ample opportunity for education. Likewise with respect to "experimenting." If people desire to promote progress, the proposals of the libertarians are not the only avenues open. What about proving the spiritual advantages in genuine monogamy? Even Mr. Russell is for life-long marriage as the best arrangement. Why not experiment here? The union of men and women in a truly spiritual relationship offers endless chance to work out constantly more excellent dealings. In such unions, fidelity, self-mastery, and life-long honorable devotion are no tabus forced on people by a herd-minded society. They are no more imposed upon the morally sensitive by society than are the rules of hygiene. The moralities are ways to our own soundest health and self-fulfilment. If they are forced upon us at all, it is by the realities of the situation, of that entire

situation in which the higher self in all concerned receives due homage.

It is this which gives marriage the honored place it is likely to hold in spite of changing fashions. More than any other institutions, this one has done its big part to develop in the human race the essential traits of loyal responsibility, faithful devotion and unselfish respect. Men and women have always needed one another. They always will need one another—but at their best and finest. To weaken the regard for chastity, for self-control, for fidelity, at points where such faithfulness is irksome, deserves another name than progress.

The failures are sad enough. But it is no solution to erect into a standard the conduct of those who have failed. Men and women fail in other ways too. They lie and cheat, many of them; and no laws can force them to be honest. Should this suggest that we give up trying to develop in children a love of honesty? It would surely seem the greater compliment to our much-derided human nature and a more deserving direction of human effort to hold up as pattern, not the one which takes people's weaknesses as final, but the one which puts its trust in their potential strength.

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"The home as an affectional unity, as a source of emotional release and stability, as a reinforcer of the sense of security, as an intimate group through which personality is developed and given satisfaction, . . . . remains an institution that has no competitor."

J. H. BURGESS.

## SOME MATE SELECTION STANDARDS OF COLLEGE STUDENTS AND THEIR PARENTS

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It is a common indoor sport of the older generation to charge the young people of today with speedy and reckless marriage. We are told that modern youngsters do not consider marriage a life partnership, but a lark that can easily be terminated if it becomes boresome. The young man in search of a mate is pictured as drawing blithely and blindly from a huge matrimonial grab-bag. If he is lucky, "O.K.;" if not, he is back in a year or two for another draw.

But anyone well acquainted with youth knows that no such blanket indictment is just. Admitting that there are some reckless youngsters not much concerned with the permanence of their matrimonial adventures, is it not likely that they receive more than their share of the spotlight? It is the criminal, not the average law abiding citizen who makes the front page of the newspaper; it is the broken home, not the happy one, that is held up to the gaze of the public. Admitting, therefore, this reckless minority of hasty marryers, what of the rest of youth? One cannot talk long and intimately with them without coming to the conclusion that they are in dead earnest about mate selection. Many of their marriages will fail, but the fact remains that they *expect* them to succeed, and failure is usually more of a surprise to them than to their friends who are watching. They may commit all the errors of judgment common to that mild state of insanity known as "being in love," but so has each generation of the past. Therefore we need draw no conclusions as to the correctness or incorrectness of youth's *technique* in mate selection when we say that the *intent* usually is serious. In so far as young folks fail in marriage it is probably due much less to lack of sincere purpose than to the many subtle factors that arise unbidden in these days of rapid social change,

making all types of human relationships, marriage included, increasingly difficult.

It is not the function of this paper to analyze the whole process of mate selection (in which factors that are almost *automatic* play a much larger rôle than is commonly supposed), but merely to report the expressed attitudes of one sample of American youth—a fairly homogeneous group—on the matter of choosing a marriage partner. For a number of years the writer has been teaching a university course entitled "Marriage and Family Life." This has afforded opportunity not only for class discussion of marriage problems but also for many personal interviews outside the class room. Each year during the last six years the attitudes of the students on mate selection have been taken, and these have now accumulated until they make a respectable sample, 642 students in all, which happen to be equally divided as to sex. Several times as many returns could have been had by going to other classes in the university, but many of the replies would have been facetious and hence without value. By keeping to the students in the course mentioned the opinions secured have been sincere, which is attested by the fact that less than one per cent showed any evidence of being facetious. In order to eliminate any influence of text or instructor the views of the students were obtained before the subject of mate selection had been assigned for reading and discussion. To insure frankness and freedom from embarrassment the replies were unsigned. Furthermore, the students were asked to give strictly their *own* views, whether or not they coincided with the prevailing ideals of the society in which they lived.

Obviously this group of young people is not representative of youth the country over. No "all-American" study has ever been made. It would require proportionate representation from every section of the country, and from every racial, religious, economic and other sizable grouping. This group does not even represent the whole university, for it is limited to those upperclassmen who are sufficiently interested to enroll in this particular course. Since the course is in no way sensational it does not attract the merely curious, but rather those honestly seeking a better understanding of and preparation for marriage and family life. Thus the group is subject to slight selection within the student body, but from wide contact with students in other courses it is evident that the membership of this class is not greatly different from that of other classes in the field of social science.

The method was, as follows: The students named a large number of factors and characteristics considered desirable in a mate. From

these the nine receiving the most general approval were listed, to be used in two ways. First, the students were confronted with specific but necessarily hypothetical life situations and asked what their personal reactions would be in each case. In each of the situations presented all but one of the nine factors involved were assumed to be satisfactory, but that one (a different one in each situation) unsatisfactory.

TABLE I.

THE ATTITUDES OF 642 UNIVERSITY STUDENTS (321 YOUNG MEN AND 321 YOUNG WOMEN) ON MATE SELECTION \*

Questions	Young Men		Young Women	
	Percentage answering: Yes	Percentage answering: No	Percentage answering: Yes	Percentage answering: No
ALL OTHER FACTORS BEING SATISFACTORY WOULD YOU MARRY:				
1. A person of lower economic rank than your own?.....	93	7	82	18
2. A person decidedly not good looking?.....	32	68	79	21
3. A person of unattractive disposition and personality?.....	2	98	4	96
4. A person of lower moral standards than your own?.....	29	71	20	80
5. A person from a family you consider inferior to your own?.....	78	22	75	25
6. A person of a different religious faith (Catholic, Protestant, Jewish) than your own?..... If so, would you be willing to adopt his faith?.....	58	42	42	58
7. A person in decidedly poor health, likely to be of long standing if: His health were bad when you first became acquainted?..... His health became bad after an intimate friendship had been formed?.....	6	94	4	96
8. A person of less intelligence and (or) education than your own?..... Would you want your mate to have less, the same, or more education than you have?.....	49	51	50	50
9. Do you want your mate to be older than yourself, the same age, or younger?.....	76	24	18	82
How much older or younger?..... What is the limit in age difference beyond which you would not go?....	Less 17 Same 78 More 5	Older 1 Same 24 Younger 75	Less 0 Same 36 More 64	Older 94 Same 6 Younger 0
	3 years	8 years	5 years	10 years

\* Upper classmen only, i.e., Juniors and Seniors.

Table I shows the responses of both young men and young women. Economic status is a matter of small concern when it comes to selecting a mate. More than nine-tenths of the boys and four-fifths of the girls claimed they would show no hesitation in marrying someone with a smaller purse than their own. They were not indifferent to money; they merely did not place it first.

Nor are good looks considered essential. True, two-thirds of the boys insisted that their mates should not be too far down in the scale, but in view of man's love of beauty in his mate it is interesting that a third were willing to accept a partner decidedly without beauty if all other factors were satisfactory. On the other hand approximately four-fifths of the girls were willing to waive the question of looks. Whether they really thought they were making a concession, or merely bowing gracefully to the inevitable, it is hard to say.

On the matter of disposition and personality, however, the young folks were adamant. They considered this rather vague characteristic the basic element of a happy relationship, and there was almost no compromise upon it, 98 per cent of the young men and 96 per cent of the girls declaring with much emphasis that under no circumstances would they marry a person of unattractive disposition and personality.

The replies to the question on morals indicate an abandonment by both sexes of the old man-made double standard, but the young women approached it from the positive side and the men from the negative. Eighty per cent of the young women insisted that the moral standards of their mates be as high as their own, but only 71 per cent of the young men made a similar demand. Does this indicate that the young women are giving the young men *less* freedom than formerly on moral questions, or the latter giving the young women *more* freedom? Looked at either way there remains no more than a vestige of the double standard. It must be remembered that we are here speaking of relative, not absolute standards of morality.

There was little hesitation shown regarding marrying into an inferior family, three-fourths of the young women and nearly four-fifths of the young men being willing to take the risk. Doubtless their defense would be the time-worn assurance that "she is better than her family." Let us hope that she is.

When it comes to religious faith, in relation to marriage, it is a matter of opinion whether the figures show the young folks to be liberal or conservative. Approximately two-fifths of the young women and three-fifths of the young men (averaging exactly one-half) were willing to break across the lines of their religious faith in selecting a mate, but very few of those who would consider such a marriage were willing to adopt the spouse's faith. Family tradition, religious teachings, and the young folks' knowledge of social intolerance doubtless all played a part in determining the position here revealed.

Health was considered a vital matter. The replies showed only one girl in 24 and one boy in 16 willing to assume the handicap of a mate in poor health to begin with, but half of them were loyal enough to marry their prospective mates even in very poor health, provided the ailment developed after a close friendship had been formed. Since the husband is usually the chief breadwinner one might have expected the young women in this study to be far more hesitant than the young men in accepting such a handicap, but such was not the case. Was this willingness of the young women to assume such a burden due to a sense of duty, sportsmanship, or confidence in the

modern wife's ability to earn money for the support of the family if necessary? Or was it the result of that romantic fatalism which sponsors the "only one man in the world for me" theory? One cannot but wonder what the answer to such a question would have been a generation ago.

On the question of marrying someone of less intelligence or education the young women were much more insistent that their partners have a mental equipment (whether native or acquired) at least equal to their own than were the young men regarding the ability of their prospective mates. Less than a fifth of the girls were willing to marry young men of lower intellectual or educational level than their own, but three-fourths of the young men were willing to marry girls who were not their equals in these respects. Were the girls' answers due chiefly to the belief that the man of better mind and training would be more likely to succeed economically? Such a conclusion is hardly in line with their attitudes shown elsewhere. Or was it partly due to the desire to "look up to" the husband and be proud of him? Two-thirds of the girls wanted their mates to have more education than themselves, and one-third wanted them to have the same amount. None wanted them to have less. Of the boys, however, only one-twentieth wanted their mates to have a better education than their own. A large majority wanted them to have the same, but 17 per cent wanted their mates to have less education than themselves! Evidently there are still a good many males who are afraid of women with an education superior to their own. Are they afraid they could not maintain their "self respect" in such a situation or that they would not be considered the "head of the family"? Or does the man merely consider it unnecessary for the wife to have an education equal to his own because her work does not demand it?

Finally comes the question of age. Almost all of the girls wanted their partners to be older than themselves, five years older being their median and modal choice. They were not willing to marry if the age difference were more than ten years. Since the average difference between the ages of husband and wife in the United States is three years, it is interesting to find these young women preferring a greater difference. Does this indicate that even in this age of feminine freedom there are vines still looking for oaks—a desire for a certain measure of male domination as well as security? Or do women look upon men of their own age as less mature than themselves? Or is it more romantic to marry a man five years one's senior?

The wishes of the two sexes did not coincide on this age question, for only 75 per cent of the young men wanted wives younger than themselves; 24 per cent wanted them to be of the same age, and one per cent wanted them to be older. Furthermore, the males desired their partners to be only three years younger, and did not wish to go beyond an age difference of eight years.

In order to compare the mate selection standards held by the students with those held for them by their parents, returns were secured from a number of fathers and mothers. The fact that this was done in only the last two of the six years makes the sample of

parents relatively small. They are probably more representative, however, than would at first appear. The attitudes of the students, taken year by year, were found to be substantially the same. Each year the same characteristics were emphasized by them, even the percentage relationships not varying significantly; in fact they were sometimes identical. If we can assume that the replies of their parents year by year would also be fairly consistent, the reliability of this sample of 200 odd would not differ greatly from that of the much larger sample of students. But whether or not such is the case, the sample is large enough to make the comparison interesting. Great care was taken to protect the anonymity of parental replies, and the cooperation received was even above expectations.

TABLE II.

THE ATTITUDES OF 189 PARENTS (94 FATHERS AND 95 MOTHERS) ON THEIR SONS' MATE SELECTION

Questions	Fathers		Mothers			
	Percentage answering:	Yes	No	Percentage answering:	Yes	No
ALL OTHER FACTORS BEING SATISFACTORY WOULD YOU BE WILLING FOR YOUR SON TO MARRY:						
1. A person of lower economic rank than his own?.....	81	19		87	13	
2. A person decidedly not good looking?.....	56	44		55	45	
3. A person of unattractive disposition and personality?.....	9	91		10	90	
4. A person of lower moral standards than his own?.....	4	96		4	96	
5. A person from a family you consider inferior to his own?.....	35	65		38	62	
6. A person of a different religious faith (Catholic, Protestant, Jewish) than his own?.....	20	80		19	81	
If so, would you be willing for him to adopt her faith?.....	15	85		6	94	
7. A person in decidedly poor health, likely to be of long standing if:						
Her health were bad when they first became acquainted?.....	0	100		2	98	
Her health became bad after an intimate friendship had been formed?.....	22	78		27	73	
8. A person of less intelligence and (or) education than his own?.....	66	34		55	45	
Would you want her to have less, the same, or more education than he has?.....	Less 21			Less 16		
	Same 64			Same 79		
	More 15			More 5		
9. Would you want her to be older, the same age, or younger than he is?.....	Older 2			Older 4		
	Same 23			Same 22		
	Younger 75			Younger 74		
How much older or younger?.....	3 years			3 years		
What is the limit in age difference beyond which you would not want him to go?.....	5 years			5 years		

TABLE III.

THE ATTITUDES OF 220 PARENTS (105 FATHERS AND 115 MOTHERS) ON THEIR DAUGHTERS' MATE SELECTION

Questions	Fathers		Mothers	
	Percentage answering:	Yes	No	Percentage answering:
<b>ALL OTHER FACTORS BEING SATISFACTORY WOULD YOU BE WILLING FOR YOUR DAUGHTER TO MARRY:</b>				
1. A person of lower economic rank than her own?	66	34	69	31
2. A person decidedly not good looking?	76	24	79	21
3. A person of unattractive disposition and personality?	12	88	7	93
4. A person of lower moral standards than her own?	3	97	5	95
5. A person from a family you consider inferior to her own?	37	63	43	57
6. A person of different religious faith (Catholic, Protestant, Jewish) than her own?	14	86	15	85
If so, would you be willing for her to adopt his faith?	11	89	9	91
7. A person in decidedly poor health, likely to be of long standing, if:				
His health were bad when they first became acquainted?	0	100	3	97
His health became bad after an intimate friendship had been formed?	14	86	19	81
8. A person of less intelligence and (or) education than her own?	29	71	26	74
Would you want him to have less, the same, or more education than she has?	Less 1 Same 38 More 61		Less 1 Same 39 More 60	
9. Would you want him to be older, the same age, or younger than she is?	Older 81 Same 13 Younger 6		Older 88 Same 10 Younger 2	
How much older or younger?	5 years		5 years	
What is the limit in age difference beyond which you would not want her to go?	8 years		10 years	

Tables II and III show how the fathers and mothers *would wish* their sons and daughters to respond to the situations outlined above. On certain points the young folks and their parents were agreed, but on others they were at sharp variance. Both parents were willing, by a heavy majority, for their sons—and even their daughters—to marry a person of lower economic rank, though not as willing as were the young people themselves. The sons insisted much more upon beauty in their mates than did the parents; daughters and parents were about equally agreed that good looks were not essential

in the young man. Parents were only a little less intolerant of mates of unattractive disposition and personality than were the young people. On moral standards, however, parents and children were far apart. The former insisted strongly on their children not marrying a person of lower standards, while on an average a fourth of the young people were willing to do so if all other factors were satisfactory. The difference is also sharp on the matter of marrying into an inferior family. As to marrying someone of a different religious faith the young folks were about three times as liberal as were the parents. Is this because the young folks have less regard in general for religion than do their parents, or because they are more tolerant of other religious faiths? On the health question parents and children were practically agreed on the first count, but the parents were much more insistent than the children on the second count. Half of the girls were willing to marry a man of decidedly poor health if his health became bad after an intimate friendship had been formed, but only about one-seventh of their fathers and one-fifth of their mothers were willing for them to take such a risk. The sons were more willing to marry a girl of lower intelligence or education than the parents were to let them, one-seventh of the fathers wanting the sons' wives to be more intelligent or better educated than the sons themselves. But, strange to say, both fathers and mothers were more willing for the daughters to marry below them intellectually or educationally than were the daughters themselves. But, given what they would choose on this matter, daughters and parents were in quite close agreement as to the husband having less, the same or more education than the wife. On the age factor parents and children were in substantial accord, though the sons agreed more closely than the daughters with the parents' ideas.

The second part of the study sought to approach the same general question from a different angle. The students were asked to take the same nine characteristics used above in confronting them with specific situations, select the five most important and arrange them in their order of importance. This was admittedly a difficult task and the results, shown in Table IV, must be considered as relative rather than absolute. When voting on the one characteristic which they considered most essential both boys and girls cast by far their heaviest vote for "disposition and personality." They agreed also on the order of the next three highest contenders for first place—"health," "intelligence and education," and "same religious faith." Ninety-seven per cent of the girls' votes and eighty-eight per cent of the boys' votes fell on these four characteristics.

TABLE IV.

HOW 642 COLLEGE STUDENTS (321 YOUNG MEN AND 321 YOUNG WOMEN) CAST THEIR VOTES FOR THE FIVE CHARACTERISTICS THEY CONSIDERED MOST DESIRABLE IN A MATE

Characteristics	Percentage distribution of 642 votes for the <i>one</i> characteristic considered most essential. (each student 1 vote)	Young men	Young women	* Percentage distribution of 3,210 votes for the <i>five</i> characteristics considered most desirable. (each student 5 votes)
Disposition and personality..	46	43	19	19
Health. ....	19	25	16	18
Intelligence and education...	14	18	18	20
Same religious faith.....	9	11	7	11
Beauty or good looks.....	4	0 †	13	2
Moral standards. ....	4	1	10	11
Wealth. ....	2	1	4	8
Age. ....	1	1	6	6
Family. ....	1	0 †	7	5
Totals.....	100	100	100	100

\* Each student was asked to select the five most desirable characteristics from the nine listed, rating them in their order of importance. The percentage shown in this column for any given characteristic represents the sum of all votes cast for that characteristic, whether for 1st, 2nd, 3rd, 4th or 5th choice. To record here in tabular form the votes cast for each choice on each characteristic would require too much space.

† Less than  $\frac{1}{2}$  of 1%.

When all the votes for a given characteristic were added together, whether received for first, second, third, fourth or fifth choice, the distribution was of course much less extreme (see double-column 2 in Table IV). Taking the 3,210 votes cast for these five choices, the boys and girls were again in comparative agreement on the essentials. The same three factors head the list as in column 1. Their order is different, but all three are similar in size. The young men substituted "beauty" for "same religious faith" in fourth place. Both sexes placed "moral standards" in the middle of the list. The boys put "wealth" last, and the girls graciously insisted less on "good looks" than on anything else. Nor can they be classed as "gold diggers," with "wealth" receiving only eight per cent of the total of 3,210 votes.

In summary, therefore, it can be said that these college girls want the young men they marry to have a good disposition, to be intelligent and well educated, to be of sound health, to belong to their own religious faith, and to maintain good moral standards. The young men seek practically the same qualities in the girls, and in addition—if it is not asking too much—a little beauty, please. Wealth, family status and age are definitely out of the running.

TABLE V.

HOW 165 PARENTS (82 FATHERS AND 83 MOTHERS) CAST THEIR VOTES FOR THE FIVE CHARACTERISTICS THEY CONSIDERED MOST DESIRABLE IN A MATE FOR THEIR SONS

Characteristics	Fathers	Mothers	Fathers	Mothers
Health.....	68	71	19	19
Same religious faith.....	10	12	11	14
Moral standards.....	8	6	14	14
Disposition and personality.....	6	2	13	17
Wealth.....	3	2	4	3
Intelligence and education.....	3	4	15	16
Beauty or good looks.....	2	3	5	4
Family.....	0	0	10	8
Age.....	0	0	9	5
Totals.....	100	100	100	100

TABLE VI.

HOW 202 PARENTS (98 FATHERS AND 104 MOTHERS) CAST THEIR VOTES FOR THE FIVE CHARACTERISTICS THEY CONSIDERED MOST DESIRABLE IN A MATE FOR THEIR DAUGHTERS

Characteristics	Fathers	Mothers	Fathers	Mothers
Health.....	70	71	19	20
Moral standards.....	9	4	12	13
Same religious faith.....	10	12	12	14
Disposition and personality.....	5	6	14	16
Intelligence and education.....	3	4	17	17
Wealth.....	2	2	8	7
Family.....	0	1	8	8
Beauty or good looks.....	0	0	1	1
Age.....	1	0	9	4
Totals.....	100	100	100	100

The parents, however, have some different ideas on what characteristics their sons and daughters should insist upon in a mate. A glance at Tables V and VI shows "health" leading by a huge margin as the one most essential factor. "Disposition and personality," the outstanding choice of the students, ranges between third and sixth place when rated by the parents. "Intelligence and education," also rated so high by the young folks, drops to a very low percentage, while "same religious faith" and "moral standards" are elevated, for the most part, to second and third place. But students and parents are in substantial agreement that wealth is not essential. The ratings are also similar on "age" and "family."

When all votes (from first to fifth choice) for a given factor are added together, parents and young folks come nearer to accord. Both put "disposition and personality," "intelligence and education" and "health" (with one slight exception) in the first three places, though in different order, the parents still giving "health" the lead and the young folks dividing honors for first place between the other two factors of the trio. Wealth still ranks low, its highest showing reflecting the wish of a few girls and their parents.

The study is frankly subjective and hence liable to the limitations of that method. Doubtless many of these young people will rationalize these factors into new combinations when faced, in real life, with difficult alternatives. Circumstances will magnify or minimize some of their present views. But the fact remains that the deliberately accepted ideals of youth (by whatever method first acquired) have considerable force in times of decision. Whether we rate as socially high or low the standards expressed above, they will play an important rôle, though not always a determining one, in the choice of a mate by those who set them forth.

## IS FAMILY COUNSELING A PROFESSION?

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On the question of whether there is a special field for marriage counselors there are two distinct points of view. One is that the problems are unique and demand specially trained persons to deal with them; the other holds that the urgent need is for supplementary training of those in the professions that ordinarily deal with these matters. Something is probably to be said for both points of view. The large urban centers where thousands of persons are in need of such special counsel may well consider the usefulness of both special centers to deal with marriage and family problems and placing a well-trained family counselor on the staffs of clinics and professional groups where their services would be of value. On the other hand, physicians, lawyers, teachers, social workers, ministers, and others who are constantly meeting questions in this field may well desire some additional training to meet these demands.

Whether the special center should have a staff of specialists or offer a more generalized type of service acting chiefly as a "sorter and distributor" of human needs to agencies or persons in the community where they can best be handled is not a settled question. Perhaps the latter plan is the more widely applicable and useful.

The following questions are intended to bring before those who are interested in the field some of the factors that should be considered, both in answering the question asked in the title of this paper and in clarifying the kind of training and service required of the marriage counselor.

### *I. Personal and Professional Qualifications for Counseling on Marriage and Family Problems.*

#### *A. Personal Qualifications*

1. What are the personal qualifications necessary for successful counseling on marriage and family problems?
  - a. Should the counselor himself be successfully married?
  - b. What criteria of success would one use here?
  - c. Is it possible for a single person to make a successful counselor?
  - d. Under what conditions?
  - e. Is a single person who is definitely heterosexual qualified?
  - f. Should the counselor be someone who is active in community affairs, church, et cetera?
2. Should the counselor be someone who has had a fairly high standard of living? If so, can he appreciate values as seen by a person on a lower standard or level?
3. Should the counselor try to direct the client to higher goals, toward ideal standards; or should he try to help the client to adjust to the everyday situations he comes in contact with?
4. Should the counselor place his emphasis upon giving subject-matter, or on the development of attitudes and the stimulation of thinking?

#### *B. Professional Qualifications*

1. How essential are the following in the education of the counselor? A good grounding in:
  - a. Biological sciences, including embryology and physiology
  - b. Sociology—anthropology
  - c. Political science—law in relation to the family
  - d. Psychology

- e. Family life
- f. Pre-medical training
- g. Home economics training—
  - (1) Home management
  - (2) Child care
  - (3) Family routine
- h. Economics
- i. Literary training—an appreciation of art and literature
- j. A thorough knowledge of family research
- k. Experience in social case work

C. *What references and source materials are useful in this field?*

## *II. Techniques of Counseling.*

A. *Clinical Organization and Procedure—Records for Service and Research*

- 1. Is a clinical set-up a desirable means of conducting family counseling?
  - a. What are the disadvantages of a clinical set-up?
  - b. The advantages?
  - c. Are you likely to get into the clinic the persons for whom the most good can be done?
- 2. Is the clinic inclined to handle clients as a medical clinic, looking for difficulties, diagnosing them, and prescribing cures?
- 3. What possibilities has the clinic for helping its clients to set up more satisfactory marital and family relationships?
- 4. Can the clinic help the client to develop behavior patterns that are more satisfactory than those he has already established?
- 5. Of what value are clinical cases for research?
- 6. Does the service approach bias the data in relation to the service rendered?
- 7. Are clinical procedures likely to set up fixations that color the data—the counselor playing the rôle of a father for the client, et cetera.
- 8. What references and source materials on this topic are useful?

B. *Specialized Procedures, including tests, use of literature, individual versus group procedure, et cetera.*

- 1. What techniques of counseling have been used in various places?
- 2. How were these varied to meet the individual differences of the clients?
- 3. What seemed to be the particular advantages of this method as compared with others? Disadvantages?

4. Of what value are standardized tests in securing information on family guidance procedures?
5. Of what value is it to the family counselor to know the client's scores on the intelligence or personality tests?
6. Can the counselor make an adequate use of such tests without a definite conception of the particular cultural level on which the client is functioning?
7. Can he get a conception of this particular cultural level without actually living in it—i.e., knowing it as a functional thing?
8. Can group procedures of counseling be developed whereby the client can secure direct help as he can through individual procedures, yet keeping the individual in a group situation? What are the advantages and disadvantages of such procedures?
9. Are many clients likely to be sufficiently objective to be able to see themselves as functioning individuals and to profit from the reading of literature?
10. How effective is literature as an aid to counseling? Have we a means of checking its effectiveness?
11. What references and source materials are useful in connection with this topic?

### *III. Types and Classification of Cases.*

1. Do we have typical cases?
2. Do these cases actually conform to type, with individual variations?
3. When is a case essentially one presenting a financial rather than a personality problem? When is it essentially a social case? When a physical case?
4. How can the type of case be determined?
5. Is it possible to set up suggestive techniques for handling so-called typical cases?
6. Can the actions of the individual be understood except in relation to the particular situation at the particular time?
7. Should different types of consultation services or centers be set up for different classes of the population?
8. Would a consultation center or a person living and working in the particular group be the more satisfactory as a consultor on family and marriage problems?
9. Can the counselor achieve satisfactory results unless he is an active member of the level of society in which the client functions or furnishes means by which the client may practice the more desirable ways of behaving? "One learns what he practices with meaning and satisfaction."
10. Is the counselor attempting to adjust the family to the environment or bring about changes in the environment?

11. What sources and references are helpful to the counselor in connection with this topic?

#### *IV. Methods of Extending Marriage and Family Consultation Service to a Wider Clientele.*

1. Should marriage and family consultation service be extended to a wider clientele?
2. What justification have we for such service and such an extension of it?
3. Should the spread of such service be a gradual infusion from a center or should clinics be set up in various places and popularized so that clients will be attracted? How would you proceed in either case?
4. Should family consultation centers be set up before we learn a great deal more about family relationships than we know at present?
5. Should the center place its emphasis upon the prevention of difficulties and maladjustments or upon the treatment of such maladjustments when they do arise?
6. What advantages and disadvantages arise from combining treatment and research in the same center?
7. Are there any sources of helpful information related to this topic?

The preceding questions do not answer the question as to whether family counseling is a profession, but they do bring to attention the fact that both for the person who aspires to become a family counselor and for the professional person interested in including counseling as a part of his work, there are fields of knowledge that must be mastered not now included in professional training centers, and the demands for the professional family counselor are for broad technical training and a rich and varied experience. No person should undertake to become a marriage counselor without considering and answering for himself some of the questions raised in this paper, and perhaps a hundred more which were not thought of by the writer. To end not too pessimistically let us say that sincere efforts by professional persons to do counseling no doubt are much more productive of good than bad, and certainly should be more beneficial than no counseling at all.

## EDITORIALS

### MASS EDUCATION ON MARRIAGE

“Education for marriage is needed by all normal young persons” says the Conference on Education for Marriage and Family Social Relations, in its recently published report,\* “and the educational attack is needed along a wide front.” . . . The home, the school and college, the church, clubs and all other groups concerned with family health and welfare, the Conference agreed should unite in providing such education.

The Conference recognized, too, that difficult problems are involved. Many parents are not fully prepared to undertake the training of their children for their own future homes. The school and college, though gaining ground, are still far from providing adequate marriage education, even if all young people could be counted on to stay in school long enough to benefit from it. A considerable portion of young folks do not go to church, nor belong to clubs or other organizations where they would come in contact with the programs conducted by such agencies. When all these organizations and institutions have done their best, there will still be a vast number of “normal young persons” who have not been reached, who will undoubtedly marry, and who greatly need educational help if they are to make a go of it and build successful family life.

How to reach these young men and women? Marriage education experts such as Professor Maurice A. Bigelow and Mr. Paul Popenoe believe that the thing to do is to “begin where they are.” In other words, to provide educational information at the point and from the sources through which this large group receives most of its knowledge. Among these sources the newspapers are chief, and Professor Bigelow and Mr. Popenoe have experimented during the past year with a number of feature articles, prepared in popular style

\* See *JOURNAL OF SOCIAL HYGIENE*, January, 1936.

by special writers. Such titles as *By All Means, Let 'Em Marry Young*, *How to Make Love to Your Wife*, and *Do College Girls Make the Worst Wives?* vie with feature story headlines on other topics, and wide circulation is assured by release through press services such as the King Features Syndicate and the Every Week Magazine, which serve hundreds of newspapers. Even the dignified New York Times Magazine recently published an original article by Mr. Popenoe entitled *Is There a Scarcity of Good Husbands?* Under these attention-getting titles the authors of course set forth solid, accurate educational facts, and the many inquiries and comments received prove the effectiveness of this method of education.

Newspaper fiction also may be effective, as witness the short story, *No Right to Marry*, by Margaret Culkin Banning, reprinted in this number of the JOURNAL from the New York Herald-Tribune's Sunday magazine, *This Week*.

The monthly magazines, another source of popular information, are open channels for marriage education. Such articles as *Marriage a la Campus*, by Florence Haxton Britten, in the November, 1935, *Red Book*, which summarized the opinions of a dozen or so college deans on the pros and cons of marriage during student days, and the articles *Can't I Save My Marriage*, and *Repeat Courses in Matrimony*, in *Good Houskeeping*,\* discussing divorce prevention, are real marriage education placed where it will do the most good.

The radio, too, which reaches this same group of "normal young people" offers great opportunity for marriage education, but so far this opportunity has not been fully realized. Many single talks, and short series of talks, on marriage and family problems have been given by various speakers, but it yet remains for some leader in this educational field to build up a day to day program and the large popular following among young people which such a program deserves. Neither have the possibilities for dramatizing such material over the air been utilized, to the extent that they offer.

One more great medium of education, for young and old, should be more fully employed for constructive efforts. When

\* See issues for January, 1935, and February, 1936.

the motion picture screen and its talking accompaniment really sets about showing young people normal, wholesome marriage and family life with the same thoroughness with which the seamy side of these relations has in the past often been exploited, progress in mass education on marriage will really occur. Recent films show promise in this respect. Let us hope for further encouraging developments.

#### FAMILY COUNSELING AMONG THE SOCIAL HYGIENE SOCIETIES

As the annual and special reports of activities carried on by the state and community social hygiene societies come into the national office, it is interesting and inspiring to note that each year more of these groups are undertaking to provide counsel and advice on marriage and problems of family life to those who seek it. Interesting, because it shows how the idea of facing these problems and solving them has seized the minds of both counselor and counseled. Inspiring, because it indicates that social hygiene societies are not rigid, run-in-the-mold affairs, but that they possess flexibility and adaptability to community needs as these become apparent.

Among the 33 family consultation centers listed in the *Final Report of the Conference on Education for Marriage and Family Social Relations*,\* nine are conducted as regular features of the programs of established social hygiene agencies.

Among these are: the Social Hygiene Society of the District of Columbia; the newly formed Social Hygiene Association of Hawaii, in Honolulu; the Illinois Social Hygiene League, Chicago; the Massachusetts Society for Social Hygiene, Boston; the Detroit Social Hygiene Conference; the Kansas City Social Hygiene Society; the Missouri Social Hygiene Association, St. Louis; the Cincinnati Social Hygiene Society; and the Oregon Social Hygiene Society, Portland. Other social hygiene groups are doubtless carrying on experiments in this field of which we have not been informed as yet.

Several of the agencies named are not only counseling individuals, but are trying to train more persons to become qualified to do such counseling, as in Detroit, where this has been from the first a feature of the program begun in 1932 under the direction of Dr. Edith Hale Swift, and in Kansas City, where the Social Hygiene Society is now giving a three months' training course on "the principles and techniques of counseling" to a group numbering around 100 parents, teachers, pastors and other professional workers. The basic material

\* January, 1936, JOURNAL OF SOCIAL HYGIENE. Appendix E. p. 35.

used in the latter course was prepared by the Los Angeles Institute of Family Relations, and presented through local authorities on the various aspects of family relations.

Aside from the valuable year-round work being done by such established groups, the rapidly growing interest and confidence in family counseling as a way to human health and happiness is indicated by the numerous institutes and short courses relating to this field which have sprung up all around. Pages — — describe only a few which are typical, but if the inquiries by mail and personal visits to the Association's headquarters are any index, we may look for many more such meeting and projects in the near future.

Meanwhile, the Association tries to do its part by collecting data as to existing work, plans and materials, and making this and other pertinent information available to all who are interested. The present issue of the JOURNAL and the January number, as mentioned, are examples of a service in this respect which is intended to be of help, and we hope, of value. We shall be glad to have suggestions from our readers as to other ways in which we may assist the states and communities with this important and comparatively new field of family life education; and we shall appreciate additional information upon any and all activities and agencies pertaining to this problem.

#### NEWS AND ABSTRACTS

**The Orange Institute on Family Relations Blazes the Trail in New Jersey.**—The Oranges (New Jersey) took another step towards a permanent social hygiene program last month, when wide attention centered on the three-day Institute of Family Relations held by the Council of Social Agencies and the Welfare Federation on February 4, 5, and 6. Wayland D. Towner, director of the Council and associate director of the Federation, writes:

The Institute was set up as an experiment to test the trend of public opinion in a field long neglected in New Jersey. The results demonstrated that thinking people recognize a need for better preparation for family life and are ready to do something about it.

Developing the issue raised by young people in last spring's *Youth Week Trial by Jury*\*—that the Oranges failed to provide sufficient education in this respect, the Institute gave adults an opportunity to learn from experts what other communities are doing. From the very outset, public interest rose to the opportunity. Community leaders came to the support of Mrs. Theodore M. Edison who headed the project. Women's clubs, parent-teacher groups, doctors, ministers, social workers, educators, lay people by the hundreds helped to make the Institute possible. Over 2,500 persons attended. The

\* See *The Case of Youth vs. Society*, Wayland D. Towner, JOURNAL OF SOCIAL HYGIENE, October, 1935.

local high school provided the auditorium and its facilities. The Press gave sympathetic reports and editorial encouragement. Even the cold and snow and ice of a February blizzard failed to daunt the 600 persons who braved the elements to attend the opening morning meeting.

Nine sessions were held. The three morning meetings discussed *Child Questions and Their Answers*, *Guidance of Adolescence* and *The Child and the Community*. Afternoon topics were *Family Counsel*, *Family Health* and *Modern Advance and Handicaps in Family Life*. Evening sessions were devoted to consideration of *The Part of the Home, Church and School in Education for Marriage and Parenthood*.

While some of the persons attending were at first doubtful of the possibility of open satisfactory discussion of such vital problems of family life, and others felt that sex education was too much dwelt upon, most of the Institute audiences involved seemed to consider that these topics deserved first emphasis and that the problems need solving—not alone for youth but also for adults. The fact that the greater number of questions asked by members of the audience was in the realm of sex, points to a recognized need for information. Revealing too is the fact that more than 2,000 books and pamphlets on sex education and family relations were sold during the three days.

No attempt was made in the Institute of marriage and family life to fasten responsibility for education in the field upon any one group. It was felt the home, church and school all have a part to play at various stages and a wholesome attitude, both parental and professional, is an essential requisite in disseminating information.

A novel feature of the organization of the Institute was the formation of an Observers' Committee whose members covered all sessions. To this Committee was entrusted the responsibility of making a report on audience reactions. Through the findings of the Committee, which were very illuminating and generally favorable, there can be no doubt that a permanent program will grow out of the Institute. Sponsors of the project have recommended to the Council of Social Agencies that a special committee be appointed to study the type of program and methods of financing such a program. Requests have already been made by local groups for the further services of Dr. Valeria H. Parker, Institute Director, and Mrs. Margaret Wells Wood, who lectured at the morning sessions.

The Oranges and Maplewood may well be congratulated on their support of the Institute. It is believed to have had the largest enrollment for such a purpose as well as having been one of the most successful institutes held thus far, if public interest is any criterion. A financial success as well, the Institute, through the registrations at one dollar each for all sessions, and single admission tickets, was able to pay all expenses. Thirteen hundred registrations were made before the Institute opened. That it may also prove to be a trail-blazer in meeting a vital human need is not too much to hope.

**Family Relationships and the Y.W.C.A.**—New emphasis is being placed on the development of family relationship programs among local Young Women's Christian Association groups, through special committees for the purpose, according to a report recently received from Janet Fowler Nelson, of the Family Relations Division of the National Board. Dr. Nelson writes:

"Family Relationships is a relatively 'new' program emphasis, in the sense of formal incorporation in the national program. However, it would be completely unreal to fail to realize how anything but 'new' is our concern for this field, or to recognize the many local efforts that have been and are being directed to its development. Stimulation and encouragement of such local 'projects' obviously claim our continued attention. There has been, however, extreme unevenness of such program emphases from both a quantitative and qualitative point of view. Therefore, those of us most immediately interested in developing a national program have been concerned that we build for fundamental stability within the total local Association program, rather than emphasize immediate and what only too often become isolated and spasmodic projects, with constituency groups.

The immediate problem, therefore, was one of 'organization'—one of orienting existing Association leadership, professional and volunteer in this field. From the standpoint of a long-time approach to the development of comprehensive interest in the subject, it was essential that any program emphasis in the field of marriage and sex relations should be thoroughly steadied and supported by the active participation of already existing staff and volunteer groups. The effort of the national Association has been directed, therefore, toward establishment of committees, variously called 'euthenics committees,' 'committees on marriage and the home,' *et cetera*, composed of representatives from already existing committees, to insure that this subject emphasis cross-cuts the total Y.W.C.A. program. This committee development implies orientation in the field in general, recognition of specific needs and problems of particular constituency groups represented by committee members, concern of comprehensiveness of approach, evaluation of available leadership and, in some cases, responsibility for leadership training itself and the relating of Y.W.C.A. efforts in this field to other organizational approaches and to the community itself.

To this end, during 1935, material was prepared for the *Woman's Press*, the official organ, suggesting points of approach to the subject, both from the standpoint of committee development and subsequent program emphases.\*

\* Five articles were published in the *Woman's Press*, as follows: *Prologue to Marriage Program*, December, 1934; *Home Ain't What It Used to Be*, March, 1935; *Understanding Each Other*, May, 1935; *On Sex Education*, July-August, 1935; *A Plan for Euthenics Committees*, January, 1936. A bibliography, *Education for Marriage* was also compiled. All of this material which is now being incorporated into a discussion folder with supplementary notes and discussion questions, may be secured from the National Board Y.W.C.A., 600 Lexington Avenue, New York City.

This material in reprint form has been sent on request to some fifty local associations. It is unduly optimistic to expect that any such definite 'set-up' has been adopted by all of these. However, there is increasing evidence that some such approach to local program development is being accepted, either by formal organization of some such new committee or adapting already existing committee machinery to this 'new' program field. Individual projects (i.e., short or special series sponsored by temporary committees) have if anything been stimulated during this period, and it is encouraging to note that often the expert and professional leadership employed has been in part diverted to orientation of the Association leadership itself—certainly a first step in providing for a continuous and continuing concern for program in this field.

A brief statement of our objectives may be of interest to our friends. They are simply stated: first, development of program to facilitate adjustment to present family situations; second—(at present emphasized because of the demand of specific age groups) more specialized concern for the complexities of pre-marital adjustment introduced by present social and economic stress. Broadly speaking, the educational emphasis has sought to interpret the academic fields of sociology, psychology and related problems of sex education, sex instruction and birth control. A second emphasis, however, has paralleled the educational—recognition of the importance of natural association, boys with girls and men with women, in work and play relationships, and stimulation of such association. This brings us to a third emphasis: the interpretation of any such program to other parts of the Association program and to the community itself. This has been indicated not only by a recognition of the futility of isolating concern for marriage and family problems to selective Association groups, but also by the more practical fact that most local Association programs are dependent on community leadership and resources."

**Columbia University Courses in Social Hygiene.**—Teachers College, Columbia University, announces the following courses on various phases of social hygiene for the summer session, July 7th to August 14th:

Under the heading of *Social Science and Social Work*, two courses relating particularly to social hygiene will be given: *Family Social Relations*, Professors Helen Judy-Bond and Maurice A. Bigelow; *Social Hygiene and sex-education*, Professor Bigelow and others, section 1, July 7 to 24; section 2, July 27 to August 14.

Under the heading of *Applied Biology*, Professor Bigelow will give a course entitled *Heredity and environment in social biology*.

All of these courses are for credit primarily toward Master's or Doctor's degree. For further information address the Secretary, Columbia University, New York City.

**The Vassar Euthenics Institute.**—Vassar College, pioneer in the field of education for marriage and family life, will again hold an institute of euthenics this summer, July 2–August 13. Instruction courses are offered under four group headings—*The Family and the Community*, *The Adult*, *The Child*, and *The House*, supplemented by practical demonstration in the institute school for children, which cares for children whose mothers attend the six weeks' session. Mornings are devoted to classes, afternoons to rest and recreation, and evenings to lectures and discussions. The Advisory Council and faculty as usual include leading exponents of various phases of family education.

Announcing the institute, the February *Bulletin* of the College says, in part:

The summer institute of euthenics was established in 1926 to supplement the usual under graduate liberal arts curriculum by offering college men and women an opportunity to study some of the problems that confront them in present day living. Most of those who come seek understanding of the resources which research and thought have contributed in recent years to the solving of one or more of four problems. Some want to learn to live with more satisfaction and effectiveness through better understanding of themselves and of human relations. Others want to deal more effectively with the family environment. Still others seek help in equipping their children for useful and satisfying lives. Nearly all want to know what are the main currents in the swift running stream which is changing in some measure the development of our civilization. . . . The application of such knowledge to the adult's problem of living fully, as an individual, in his family, and in the larger social group, is particularly the field of euthenics in this institute.

For particulars as to admission requirements, residence arrangements, and other details address the Director, Summer Institute of Euthenics, Vassar College, Poughkeepsie, New York.

**The University of North Carolina Gives a Second Course in Teaching Marriage and the Family.**—For the second time the University of North Carolina is preparing a conference on the teaching of marriage and the family to be held at Chapel Hill, July 6 to 10. The first conference, which met during the summer session of 1934, resulted from interest of college teachers in the methodology of instruction in preparation for marriage that has developed at the University. Although the program of this second conference features discussions of the problems of teaching marriage, it also includes other topics relating to the conservation of marriage and the family and is broader in its appeal. This is in accord with the interests expressed by those attending last year.

To this session are invited teachers in college, in high school, and in adult education, physicians, lawyers, ministers, husbands, wives, and parents. A valuable part of the discussions at the first conference were the contributions of persons interested in it because they were personally dealing with problems of marriage and the family, and this has been recognized in the making of this year's program.

The program is designed to offer opportunity for the following:

- (1) Discussion of the problems of teachers of marriage and family courses;

- (2) Discussion of some of the important problems of marriage and family experience;
- (3) Information-giving addresses by specialists whose fields of knowledge are related to specific problems of marriage and the family.

The Conference is made possible by a registration fee of \$1.00 (payable at the time of registration at Chapel Hill), which entitles attendance at all the sessions. Correspondence concerning the program of this conference should be addressed to Prof. Ernest R. Groves, Chapel Hill, North Carolina. For information concerning rooms, meals, etc., correspondence should be addressed to Mr. T. H. Evans, Cashier, University of North Carolina, Chapel Hill, N. C. A regular schedule will be observed each day, consisting of addresses at the morning sessions, from 8 A.M. on, round-table discussions from 5 to 6 P.M. and an evening program of addresses and open discussion. The faculty and programmed speakers will include: Prof. Ernest R. Groves of the University, Mrs. Gladys H. Groves, Phyllis Blanchard of the Philadelphia Child Guidance Clinic, Aileen Brown of Virginia Medical College, Ralph P. Bridgman, National Council of Parent Education, L. Foster Wood, Committee on Marriage and the Home, Federal Council of Churches, and others well known in the field of education, medicine, and family relations.

**Talks on Marriage in Milwaukee.**—Miss Aimee Zillmer, social hygiene lecturer for the Wisconsin State Board of Health, reports two successful series of talks on marriage given recently before Y.W.C.A. groups in Milwaukee, the first in November, and the second last month. Topics included:

*Why a Marriage Course?*

*Before Marriage: Friendships—blind dates—casual acquaintances—love—petting—courtship*

*The Honeymoon: Adjustment to marriage*

*The Sex Side of Marriage—For the man—for the woman*

*Keeping Marriage Successful: Children—pitfalls to avoid—careers—relatives—health—family pocketbook—recreation—emotions—religion—keeping up with one another*

As an accompaniment to the courses a special display was arranged of books and pamphlets relating to marriage, including the Association's pamphlets *Choosing a Home Partner* and *Education for Marriage*, and bibliographies listing these and other publications were furnished. A question box was provided, those taking the courses were invited to personal conference if and as desired, and additional topics and suggestions were solicited.

**A Marriage Consultation Bureau in Grand Rapids.**—Among the more recently established groups undertaking to advise young people in regard to marriage is the Marriage Consultation Bureau of St. Mark's Church in Grand Rapids, Michigan, which was set up two years ago "in response to an urgent social need," according to the folder issued by the Bureau. The initial aim of the service was to offer a course of pre-marital instruction to those contemplating mar-

riage, the subjects discussed to cover the fundamental physical, mental, moral, economic and spiritual aspects of matrimony and other related topics. At the end of the first year's work, it was reported that 55 young people had taken the five courses offered, with, it is believed, excellent results, and plans were made for enlarging the Bureau's usefulness.

The Bureau is governed by a Board of Directors, representing a cross section of community interest, and including as ex-officio members the Rev. H. Ralph Higgins, Rector of St. Mark's, and Mrs. Horace J. Beel, Director of Social Service for the same parish. M. R. Bissell, Jr., is chairman of the Board. Mrs. Samuel D. Young, is vice-chairman and Mrs. J. Brayton Deane is secretary-treasurer. The officers and board formulate the Bureau's policies, appoint instructors, and generally supervise all activities. The courses are open to all persons, irrespective of class or creed, and there is no charge for instruction.

**Negro Health Week in 1936.**—*The Child and the School as Factors in Community Health* is the special subject of National Negro Health Week for this year, which will be observed from Sunday, March 29th to Sunday, April 5th. Cooperating with the Health Week Committee of the United States Public Health Service, and the state, county and city health departments are special Negro groups including, the Annual Tuskegee Negro Conference, the National Medical Association, the National Negro Business League and the National Negro Insurance Association, and a long list of other national voluntary organizations, as sources of information and materials, including the American Social Hygiene Association.

As materials for community use in the Health Week Program, the Committee has prepared

A poster, *Health First* (\$2.00 per 100)

A bulletin (Vol. 3, No. 4, National Negro Health News. \$1.40 per 100)

A school leaflet (30 cents per 100)

All of these materials may be obtained free of charge in limited quantities, by organizations and agencies interested in planning and promoting the Health Week program. Other publications include mimeographed suggestions for a sermon *Training in Child Health*, prepared by the Rev. F. Rivers Barnwell, and draft of a suggested radio talk, prepared by Estella Ford Warner.

All inquiries for Health Week information should be addressed to Dr. Roscoe C. Brown, Chairman National Negro Health Week Committee, U. S. Public Health Service, Washington, D. C.

## SELECTED REFERENCES ON MARRIAGE AND THE FAMILY

### For Reading Rooms of Colleges and Public Libraries

#### Books

ADLER, FELIX. *Marriage and Divorce*. Appleton, 1926. 91 p. \$1.25

ELLIS, HAVELOCK. *Little Essays of Love and Virtue* (especially the chapters, "Objects of Marriage" and "Husbands and Wives"). Geo. H. Doran, 1921. 187 p. \$1.50

ELMER, M. C. *Family Adjustment and Social Change*. Long and Smith, 1932. 400 p. \$3.50

FISKE, G. W. *The Changing Family*. Red Label Reprints. Harper. 324 p. \$2.50

FOLSOM, J. K. *The Family*. (college text-book) Wiley, 1934. 604 p. \$4.00

GALLOWAY, T. W. *Love and Marriage*. Funk and Wagnalls, 1924. 78 p. 30¢

GOODSELL, WILLYSTINE. *Problems of the Family*. Century, 1928. 474 p. \$3.50

History of Marriage and the Family. Revised edition. Macmillan, 1934. 588 p. \$3.00

GROVES, E. R. *Marriage*. (college text-book) Holt, 1933. 552 p. \$2.80

The American Family. Lippincott, 1934. 500 p. \$3.00

GROVES, E. R. AND GLADYS H. *Wholesome Marriage*. Houghton Mifflin, 1927. 239 p. \$2.00

GROVES, E. R. AND BROOKS, L. M. *Readings in the Family*. (source book) Lippincott, 1934. 526 p. \$3.50

GROVES, E. R. AND OGBURN, W. F. *American Marriage and Family Relationships*. Holt, 1928. 497 p. \$4.50

HART, HORNELL. *The Science of Social Relations* (Chapter XVIII, "Relations between Men and Women"). Holt, 1927. 664 p. \$4.50

HART, H. AND ELLA B. *Personality and the Family*. Heath, 1935. 381 p. \$2.80

JORDAN, W. G. *Little Problems of Married Life*. (a semi-serious discussion of everyday problems). Revell, 1910. 256 p. \$1.25

KENYON, JOSEPHINE H. *Healthy Babies are Happy Babies*. A Handbook for Modern Mothers. Little, Brown, 1934. 321 p. \$1.50

MALINOWSKI, B. *Marriage*. Encyclopedia Britannica, Vol. XIV, p. 940-950

MYERS, GARRY C. *The Modern Family*. Greenberg, 1934. 288 p. \$2.50

NEUMANN, HENRY. *Modern Youth and Marriage*. Appleton, 1928. 148 p. \$1.50

NEWSOM, G. E. *The New Morality*. Scribners, 1933. 319 p. \$1.75

NIMKOFF, M. F. *The Family*. (college text-book) Houghton Mifflin, 1934. 526 p. \$3.00

OGBURN, W. F. *Recent Social Trends* (Chapter XIII, "The Family and Its Functions"). McGraw-Hill, 1933. 1568 p. \$6.00

POPENOE, PAUL. *The Conservation of the Family*. Williams and Wilkins, 1926. 266 p. \$3.00

Modern Marriage. Macmillan, 1925. 259 p. \$2.00

REUTER, F. B. AND RUNNER, J. R. *The Family*. McGraw-Hill, 1928. 615 p. \$4.00

RICH, MARGARET E. Editor, *Family Life To-day*. Houghton Mifflin, 1928. 244 p. \$2.50

SCHMIEDELEER, E. *An Introductory Study of the Family*. (college text-book), Century Catholic Series, 1934. 384 p. \$2.50

SPAULDING, C. A. Editor, *Twenty-four Views on Marriage*. Macmillan, 1930. 452 p. \$2.50

SPENCER, ANNA G. *The Family and Its Members*. Lippincott, 1923. 322 p. \$2.50

THURSTON, FLORA M. *Bibliography on Family Relationships*. National Council Parent Education, 1932. 273 p. \$2.00

WESTERMARCK, E. A. *Short History of Marriage*. Macmillan, 1926. 327 p. \$3.50

WHITE HOUSE CONFERENCE. *Education for Home and Family Life*. Century, 1932. 128 p. \$1.00

YARROS, RACHELLE S. *Modern Woman and Sex*. Vanguard Press, 1933. 218 p.

ZIMMERMAN, C. C. AND FRAMPTON, M. E. *Family and Society*. Van Nostrand, 1935. 611 p. \$3.50

#### Books on Heredity, Eugenics, and the Family

CASTLE, W. E. *Genetics and Eugenics*. Harvard University Press, 1931. 474 p. \$3.00

CONKLIN, E. G. *Heredity and Environment*. Princeton University Press. Sixth Edition, 1929. 385 p. \$2.50

GUYER, M. F. *Being Well Born*. Bobbs-Merrill, revised, 1927. 490 p. \$3.75

HOLMES, S. J. *The Eugenic Predicament*. Harcourt, 1932. 232 p. \$2.00  
*The Trend of the Race*. Harcourt, 1921. \$4.00

HUNTINGTON, ELLSWORTH. *Tomorrow's Children: The Goal of Eugenics*. Wiley, 1935. 139 p. \$1.25

POPOENOE, PAUL. *The Child's Heredity*. Williams and Wilkins, 1929. 169 p. \$2.00

POPOENOE, PAUL AND JOHNSON, R. H. *Applied Eugenics*. Macmillan, revised, 1934. 429 p. \$2.60

THOMSON, J. A. *Biology for Everyman*. (Vol. II, Chap. VII.) Dutton, 1934. \$5.00

#### Also

JOURNAL OF HEREDITY. Published monthly, Washington, D. C. \$3.50 per year

#### High School Text-Books on the Family

DENNIS, LEMO T. *Living Together in the Family*. American Home Economics Association, 1934. 187 p. \$1.10

GROVES, E. R., SKINNER, E. L. AND SWENSON, S. J. *The Family and Its Relationships*. Lippincott, 1932. 321 p. \$1.60

HUNTER, L. P. *The Girl To-day, the Woman To-morrow*. Allyn and Bacon, 1932. 364 p. \$1.20

JORDAN, M. J., ZILLER, M. L., AND BROWN, J. F. *Home and Family*. Macmillan, 1935. 418 p. \$1.60

#### Pamphlets

Unless otherwise indicated, ten cents each. Free to Association members.

	Pub. No.
AMERICAN SOCIAL HYGIENE ASSOCIATION, <i>A Formula for Sex Education</i> .....	778
High Points of the Conference on Education for Marriage and Parenthood.....	900
BIGELOW, MAURICE A., <i>Established Points in Social Hygiene Education</i> ..	820
DICKERSON, Roy E., <i>Youth Blazes a New Trail</i> .....	883
EDSON, NEWELL W., <i>Choosing a Home Partner</i> .....	845
<i>Love, Courtship and Marriage—Discussion outlines</i> .....	932

EXNER, MAX J.,	
<i>Education for Marriage</i> .....	692
<i>The Question of Petting</i> .....	853
GARDINER, RUTH K., <i>Your Daughter's Mother</i> .....	319
INTERNATIONAL COUNCIL OF RELIGIOUS EDUCATION. <i>The Church's Opportunity in Family and Parent Education, Bibliography on Education in Family Life, Marriage, Parenthood and Young People's Relationships</i>	
NEUMANN, HENRY, <i>Marriage and Morals</i> .....	920
POOPENOE, PAUL,	
<i>Social Life for High School Boys and Girls</i> .....	886
<i>Betrothal</i> .....	902
SNOW, WILLIAM S., Special Series:	
<i>Health for Man and Boy</i>	839
<i>Women and Their Health</i> } 5¢ each.....	840
<i>Marriage and Parenthood</i> } 841	

Articles from the Journal of Social Hygiene (a partial list)

*The JOURNAL is 35 cents a copy. Any three copies \$1.00. Per dozen copies, assorted, \$3.00. Postpaid. Issues marked † are not available for resale, but may usually be found in college and public libraries.*

BARNES, C. RANKIN. *Experience of one church with pre-marital instruction.* May, 1935\*

BIGELOW, MAURICE A. JUDY-BOND, HELEN, AND SNOW, WILLIAM F. *High Points of the conference on education for marriage and family social relations.* December, 1934 (Reprints 10¢)

BRUNO, FRANK J. *Social hygiene as a safeguard of family life.* April, 1930

CONFERENCE ON EDUCATION FOR MARRIAGE AND FAMILY SOCIAL RELATIONS. *Final report.* January, 1936\*

EDSON, NEWELL. *Family adjustments through consultation service.* April, 1932\*

ELLIOTT, JOHN L. *Unchanging values of the family.* April, 1932\*†

FOSDICK, HARRY EMERSON. *Family Religion.* May, 1935\*

FOSTER, ROBERT G. *A national survey of family consultation centers.* October, 1933\*†

HOFFMAN, FREDERICK L. *Marriage and divorce.* March, 1929

HOLBROOK, DAVID H. *The pioneering spirit in family relations.* April, 1932\*†

LATHROP, JOHN HOWLAND. *The minister and marriage.* April, 1934

LICHTENBERGER, J. P. *The sociologist looks at the family.* October, 1934

MCKINNON, CLINTON. *What can college students do to promote among themselves sound ideals and adequate preparation for marriage and parenthood?* December, 1931†

POOPENOE, PAUL. *Some effects of a state law requiring delay before a marriage license is issued.* November, 1929

*A family consultation service.* June, 1931

SPENCER, ANNA GARLIN.

*The church and family welfare.* May, 1935\*

*Summary of the symposium on problems of family relations.* March, 1930

SWIFT, EDITH HALE. *Building a family consultation service.* October, 1933\*† (Reprints 10¢)

WOOD, L. FOSTER. *The work of the committee on marriage and the home of the Federal Council of Churches.* May, 1935\*

\* Entire issue relates chiefly to marriage and family relations.

### Books and Pamphlets on Marriage Adjustments

The Association receives many letters requesting information concerning books which deal with problems of physical and mental adjustments in marriage.

The following brief list of books includes those which are usually recommended by leaders of social hygiene and family counseling in this country. All are more or less criticised by many experts in the social hygiene field. Criticisms are directed chiefly at the detailed information which is useful for counselors but often misleads general readers.

BUTTERFIELD, O. M., *Marriage and Sexual Harmony*. Emerson Books, 1934. 40 p., 50 cents

EVERETT, MILLARD S., *The Hygiene of Marriage*. Vanguard Press, 1932. 248 p. \$2.50

EXNER, M. J., *The Sexual Side of Marriage*. Norton, 1932. 252 p. \$2.50

GROVES AND GROVES, *Sex in Marriage*. Macaulay, 1931. 250 p. \$3.00

HUTTON, ISABEL M., *The Sex Technique in Marriage*. Emerson Books, 1932. 156 p. \$3.00

INSTITUTE OF FAMILY RELATIONS. *Premarital Conference*. Los Angeles, California. Pamphlet. 50 cents

STONE, HANNAH AND ABRAHAM, *A Marriage Manual*. Simon and Schuster, New York, 1935.

WALKER, KENNETH M., *Preparation for Marriage*. Jonathan Cape, 1932. 101 p. \$2.00

WRIGHT, HELENA, *The Sex Factor in Marriage*. Vanguard Press. 100 p. \$2.00

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These reference lists are tentative. Suggestions or questions regarding publications which have been included or omitted will be welcomed. Any of the publications may be secured through the American Social Hygiene Association at the publishers' prices. *Pamphlets are ten cents each unless otherwise indicated. Free to Association members. A 10% discount is allowed to members on books listed.*

For a more comprehensive list of references on family counseling see *Appendix E, Reprints, Pub. No. 976, 10 cents, of the Final Report, Conference on Education for Marriage and Family Social Relations, JOURNAL OF SOCIAL HYGIENE, January 1936.*

including:

- (1) *A list of family consultation centers*
- (2) *Selected references on the work on consultation centers*
- (3) *Preparation for personal and marriage counseling*

## ANNOUNCEMENTS

**The January Journal is popular.**—The *Official Report of the Conference on Education for Marriage and Family Relations*, which constituted our January number, has proved even more in demand than expected. The extra supply laid in (for what we thought would be a period of years, since another Conference of this type is not planned for some time), is nearly gone. Libraries and other agencies are ordering by the dozen copies, and it looks as if a second edition would be necessary. You can help to decide this by sending in your order promptly in case you are likely to need any. *35 cents per copy, \$3.00 per dozen.* Reprints of Appendix D, *Courses on Marriage and the Family in Undergraduate Colleges*, and Appendix E, *on Personal and Family Counseling*, may be obtained for 10 cents each, 80 cents per dozen.

**Last Month.**—We have a limited supply of the February Annual Meeting JOURNAL, in case any of our readers wish to secure additional copies. 35 cents each. Also reprints of Ira V. Hiscock's article on *Opportunities of Voluntary Health Agencies* may be obtained at 10 cents each.

**This Month.**—We are expecting that there will be a wide call for this number of the JOURNAL on *Marriage and Family Life*. . . . Reprints of Dr. Neumann's *Marriage and Morals*, and Professor Baber's *Mate Selection Standards of College Students and their Parents*, 10 cents each, 80 cents per dozen. Reprints of Mrs. Banning's story *No Right to Marry* and Dr. Foster's *Is Family Counseling a Profession?* 5 cents each, 50 cents a dozen. . . . The bibliography *Selected References on Marriage and the Family* may be obtained free of charge.

**Next Month.**—The April JOURNAL will be a *Health Education number*. Some of the contents: *Industrial Aspects of Venereal Disease Control*, by James W. Long, M.D., Medical Director of the Gulf Refining Company, Port Arthur, Texas. . . . *Carrying Health Facts to Industry*, by Ray H. Everett, who tells us methods and results of an educational program in the District of Columbia. . . . *Social Hygiene on the Air*, by Thomas W. Stowell, describing the radio programs of the New York State Department of Health. . . . Comments and up to date information on the status of social hygiene education in newspapers, maga-

zines, motion pictures and over the air. . . . And, of course, the usual helpful bibliographies, news and abstracts, et cetera. *Please let us have orders for additional copies promptly. 35 cents, as usual.*

**Future Numbers.**—We hope to have some unusually interesting material for a *Children's Number* in May . . . And the June number is planned for the *Fourth Annual Library Number*. Further details later.

**The Journal as Permanent Reference Material.**—We've listed a dozen or so recent numbers, with suggestions for use, on a mimeographed sheet, and people tell us its very handy. *Ask for Pub. No. 977. No charge.*

**Girls on City Streets.**—The first edition of this new book by Jacob A. and Rosamond W. Goldberg has received generally favorable reviews and is being rapidly sold out. You can probably obtain it from your neighborhood book shop, but remember that Association members are entitled to a discount of 10% on purchases directly from the national office. *List price, \$2.50, plus postage.*

**New Publications.**—*Betrothal*, the popular discussion of engagement and marriage, by Paul Popeno, formerly in JOURNAL reprint form, may now be obtained in regular pamphlet size. Pub. No. 972. . . . Also a new pamphlet edition of Willard W. Beatty's *Sex Instruction in Public Schools*, Pub. No. 971. *Either of these, 10 cents per copy, 80 cents per dozen, \$5.00 per hundred.*

**Pamphlets in Quantity Lots.**—Do you have in mind that the Association's pamphlets may be obtained in quantity lots at very low prices? *Ten cent pamphlets are 5 cents each in hundred lots, 2½ cents each by the thousand. . . . Five cent pamphlets, 2½ cents each by the hundred, 1½ cents each by the thousand.* These prices apply to assorted titles. Many social hygiene groups, by ordering in lots of a thousand or more and thus securing the reduced prices, are able to sell enough at the retail price to pay for those they wish to give away, and more too. We shall be glad to hear from other agencies and persons who would like to adopt this plan.

THE AMERICAN SOCIAL HYGIENE ASSOCIATION has been since 1914 the national voluntary agency for social hygiene. Its purpose is to encourage, strengthen and preserve American family life, by such means as

Health Protection—through prevention and treatment of the health enemies syphilis and gonorrhea

Good Environment— influenced by provision for wholesome use of leisure time, exclusion of degrading amusements and repression of commercialized prostitution

Successful Living—amplified and safeguarded by sound sex instruction and education for marriage and family relations

The Association is glad to aid and advise all agencies and individuals interested in working towards these objectives, and seeks their cooperation in planning and carrying out the national program. The organization is supported entirely by voluntary contributions and membership dues, which come from every part of the country. Membership privileges include: the monthly *JOURNAL OF SOCIAL HYGIENE*; the *SOCIAL HYGIENE NEWS*; copies of pamphlets (on request); 10% discount on books in our selected list; library loan and reference privileges; advisory service from the staff.

**Annual dues, \$2.00. Library membership service, \$3.00.**

**Society membership, \$10.00, with added privileges.**

**You Are Invited to Send Us** {  
Inquiries  
Suggestions  
A contribution, or your name for membership  
The names of others who may be interested

#### OFFICERS AND DIRECTORS

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PUBLISHED MONTHLY EXCEPT JULY, AUGUST AND SEPTEMBER  
AT 372-374 BROADWAY, ALBANY, N. Y., FOR  
THE AMERICAN SOCIAL HYGIENE ASSOCIATION  
EDITORIAL OFFICES  
50 WEST FIFTIETH STREET, NEW YORK CITY

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The JOURNAL OF SOCIAL HYGIENE is supplied to active members of the American Social Hygiene Association, Inc. Membership dues are two dollars a year. The magazine will be sent to persons not members of the Association at three dollars a year; single copies are sold at thirty-five cents each. Postage outside the United States and its possessions, 50 cents a year.

Entered as second-class matter at post-office at Albany, N. Y., March 23, 1922. Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized March 23, 1922.

Published monthly (nine issues a year) for the Association by the Boyd Printing Company, Inc., 372-374 Broadway, Albany, N. Y.

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# Journal of Social Hygiene

VOL. 22

APRIL, 1936

NO. 4

## Health Education Number

### NEW BROOMS AND OLD COBWEBS

#### NOTES ON PROGRESS IN PUBLIC INFORMATION

JEAN B. PINNEY

*Associate Director, American Social Hygiene Association*

Like most things in this kaleidoscopic world, the process of social hygiene education is constantly undergoing changes. Emphases shift, perspectives lengthen, shorten or vanish entirely. New methods develop, new materials come into use, fresh minds are brought into play, to be themselves followed in time by successors still newer and fresher. This is the way progress is made.

At the same time, this effort to increase public understanding on a special aspect of life and health illustrates clearly the truth of the adage that there's nothing new under the sun. Eyes and ears, for most of us, are still the chief agents for conveying knowledge to the intellects behind them. The channels through which information may flow to these eyes and ears—written and spoken words, and visual images—continue to be much the same as for twenty years past, except as science perfects some detail of intercommunication. And in the last analysis, the big job of social hygiene education is what it has been from the day it started—to sweep these channels free of obstructions, to brush away the cobwebs and debris of prudery, taboos and narrow-mindedness, and to allow clear passage for the health facts every person has a right to own for protection against the dangerous diseases syphilis and gonorrhea. Whatever ways and means are

evolved, the problem to be met and the principles on which action may be based to meet it remain unchanged.

A year ago, using the story of a typical American family as an illustration, the JOURNAL made an attempt to estimate how far along the road knowledge and utilization of the whole field of social hygiene had advanced in the years since 1913, when the national program was undertaken by the Association.<sup>1</sup>

The present article is intended to report in part on progress in health education for large numbers of people, or "mass education," as it is generally known, and to bring to attention several interesting developments in this field during the past year which we believe constitute real growth.<sup>2</sup>

### *What Are the Travel Routes for Health Education?*

The men and women, old and young, who make up the general adult public get what knowledge they absorb from day to day from pretty well standardized sources. The vast majority obtain the bulk of their current information from the newspapers, the motion pictures and the radio. A fair proportion read weekly and monthly magazines, pamphlets, and occasionally books. A smaller number witness stage productions, attend lectures and exhibits, or belong to church or club groups where they hear and join in discussions.

For social hygiene health facts, as for other information, the public is dependent on the same sources, and it is obvious that the circulation of these facts must be decidedly limited unless they can travel unhindered along the main routes. "Unhindered" is hardly the word to describe the manner of progress, as all who have had experience in purveying social hygiene education will agree. Detours have been the rule rather than the exception, and frequently the "road closed" sign has been posted, and still is, or exists invisibly. But it is also true that in more cases than might be thought, the great agencies of public communication represented by the newspapers and magazines, the motion picture screen and the radio have kept the informational highways open of their own accord, and have helped vigorously to sweep away not only cobwebs but obstacles of much more solid nature.

Looking at the record of over twenty years' experience of a national organization in efforts to tell that public that syphilis and gonorrhea are dangerous diseases, to be avoided if possible and to be treated promptly if contracted, some interesting and encouraging facts appear as to the attitudes and opinions of these informational agencies.

<sup>1</sup> "How Much Does the Public Know About Social Hygiene?" by Jean B. Pinney. JOURNAL OF SOCIAL HYGIENE, January, 1935. This number is out of print, but may be found in many public libraries, or in library collections of community social hygiene agencies.

<sup>2</sup> A later article is planned to deal with mass education through pamphlets, exhibits and other channels of public communication.

*In the Newspapers*

In 1915 Mr. Erie C. Hopwood, then Managing Editor of the *Cleveland Plain Dealer*, speaking before a social hygiene conference in Chicago on *Opportunities of the Press as a Moral Educator*, said in part:

"The gravest fault of the press which concerns us here is, I think, its unwillingness to speak frankly to its readers on certain phases of social hygiene. In my own time I have seen great progress made in this direction. For many years in my own newspaper office we were forbidden to use the expression "red light district" or "tenderloin," and this was because of no illusions of the then editorial management as to the purity of the English language, but because we were referring to something which must not be referred to in polite society. It was the same with syphilis, venereal diseases, prostitution, and illegitimacy. Nothing could be said. . . . Conditions have grown much better since that time, and it was not many years ago. But still, I think, the newspapers are not frank and outspoken enough. Not a few of them refuse to discuss these topics at all. . . . But it must be remembered that the public at large has been trained for years to a policy of silence. . . . You must bear in mind that the worthy newspaper is always ahead of the average progress of the community, but you must conditionally bear in mind that it must not assume a position so far in advance that it becomes out of touch with the thought of its community. For the newspaper to assume the splendid isolation of such an advanced position, might be an heroic thing to do, but it likewise would be suicidal.

"Let us assume that the newspaper has gone further than the point of most effective leadership in such a matter, say, as some of the aspects of social hygiene. What happens? The public mind is not yet ready for the frank discussion which the newspaper is making. The public protests. Its newspaper is becoming indecent. It is, perhaps, barred from the home. Its circulation falls off, and with every subscriber lost, there is a proportionate loss in influence. That newspaper must, as surely as the sun rises, change its tactics or it becomes as useless as St. Simeon Stylites on his pillar. . . . The traditions of years and generations cannot be upset over night."

Mr. Hopwood's statement without doubt summarized the position of reputable newspapers of that day, almost without exception. Only the "yellow journals," so called, printed news or feature stories concerning social hygiene conditions, and those in a style scarcely conducive to the building of sound public opinion.

Yet within two years, the seemingly impossible had happened. The traditions of years and generations *were* upset. The United States entered the World War, the Government proclaimed its own war against venereal diseases among the troops, and the civilian population was learning that these diseases were problems of community, family and individual health. Official agencies such as the Council of National Defense, the War and Navy Departments, and the Commission on Training Camp Activities, the United States Public Health Service, and the State and City Boards of Health, were pushing an educational and administrative program in every way possible.

So were voluntary groups like the American Red Cross, the great industrial organizations, and, of course, the American Social Hygiene Association and the state and community social hygiene agencies. Newspapers were printing editorials, news stories and advertisements bristling with statistics on syphilis and gonorrhea and begging for public cooperation in combating this newly recognized health menace. And the public was eagerly responding. If, as Mr. Hopwood suggested, the newspapers were ahead of the public in regard to the

publication of social hygiene information, it seemed that the public had at last caught up.

In the years since then, it has seemed sometimes as if the public has continued to forge ahead, while the newspapers have in many cases dropped behind. A degree of lag in both public and publications interest was to be expected with the ending of the war emergency and its patriotic stimulus, but it is difficult to account reasonably for the way in which some newspapers reverted to the pre-war status, and have since stayed there. Others kept to the more liberal policy in regard to some aspects of social hygiene, while clamping down the lid in other aspects. For instance, the majority of papers for many years have referred openly to illegitimacy, commercialized vice and prostitution, even though refusing to use the words "venereal diseases," "syphilis" or "gonorrhea." And of course, a good number, both leading city dailies and papers in smaller communities, have also consistently printed the scientific medical terms where they logically should appear.

The Association's collection of such references, though far from a complete record, shows in the last five years clippings from about 100 newspapers in 80 communities in 26 states. In many of these the words "venereal diseases," or "syphilis" appear in the headlines, and in all cases these medical terms are used in the text. The items include editorials, news stories, and feature stories, and such papers are represented as the *New York Times*, the *New York Herald-Tribune*, the *Brooklyn Eagle*, the *Baltimore Sun*, the *Washington Herald*, the *Syracuse Post-Standard*, and the *St. Louis Post-Dispatch*, to mention a few. All sections of the country are represented, including nearly all the Southern states.

In spite of this encouraging evidence, not a few newspapers today still refuse flatly to assist in education of the public on social hygiene subjects. The Life Conservation Division of the Lincoln Life Insurance Company of Fort Wayne, Indiana, in 1933 and 1934, in undertaking a special program for public education on syphilis, found itself able to make very little headway in convincing newspapers not already following such a policy that they should participate in the campaign. In 1931, at the annual meeting of the American Social Hygiene Association, Mr. David Lawrence, editor of the *United States Daily*, and well-known commentator on social and economic questions, speaking on the subject *The Functions of the Press in Its Relation to Social Hygiene*, said: "The press hesitates to discuss what it calls 'gruesome news.' . . . And 'social diseases,' I might say, come under that broad general heading. The editor thinks to himself, 'Well, now, I don't know what my readers are going to think about this.' And to be on the safe side, he does nothing about it."<sup>1</sup>

<sup>1</sup> Speaking for his own newspaper, Mr. Lawrence said "we are very anxious to get all we can on the subject of public health," and his good faith has been proved by several articles on the medical aspects of social hygiene.

Examples are: A summary of the Association's activities and program in the prevention of congenital syphilis, *U. S. Daily*, April 6, 1931; *The Policy of Massachusetts in Safeguarding Health*, George H. Bigelow, M.D., Commissioner of Health, *U. S. Daily*, January 13, 1933.

If the editor in question was considering using the words "social diseases" it is perhaps as well that he decided against it. There is probably no more ambiguous, misleading term in existence. Unless the reader has previous knowledge of its meaning, he is left groping in the dark, feeling vaguely that here is something mysterious, dirty, and perhaps dangerous, but actually learning nothing whatever as to what is to be feared, or how the hazard is to be avoided.

It seems ironical that some newspapers which for fear of offending their readers hesitate to use scientific social hygiene phraseology in their news and editorial columns, will sometimes accept quack advertisements which not only offend good taste, but actually harm and defraud those who heed them. Here, of course, the question of "making the paper pay" comes in. Studies by the National Better Business Bureau have shown that charlatan practitioners spend many thousands of dollars each year for advertisements,<sup>1</sup> and without accusing the publishing fraternity of undue commercial-mindedness, such matters are to be reckoned with in adding up the cash receipts.

And while a good many newspapers do accept the quack advertisements (it should also be said that most reputable newspapers do not now accept them) probably few would be willing to print an advertisement like that which appeared in the *Syracuse Post-Standard*, announcing the publication of Prof. C.-E. A. Winslow's book about Syracuse's health, "A City Set on a Hill," and quoting statistics concerning venereal diseases in the community.

<sup>1</sup> One publishing company, when agreeing to eliminate all such advertisements from its publications, stated that this would mean a loss of \$50,000 per year income.

Politicians, Clubwomen,  
Physicians, Clergymen,  
And Public Spirited Citizens

What Do You Know  
About Your Own City?

"A CITY SET ON A HILL"

A new book about Syracuse by Prof. C.-E. A. Winslow of the Yale University Medical College presents some startling figures. Quoting from his book:

"VENEREAL DISEASES UNDER TREATMENT IN SYRACUSE  
MAY 1, 1930

Male	Female	Total	Total Cases Per 1000 Pop.
1469	739	2208	10.6

The Syracuse rates are about double those for the state as a whole. New cases arising (in Syracuse) each year probably cost the Community for medical treatment alone some \$300,000."

The vital problems affecting public health in Syracuse are authoritatively set forth in this provocative, interesting work.

FOR SALE AT  
TIMMS and HOWARD, Inc.  
208 EAST JEFFERSON St.

2-3804

Turning again to the brighter side, a new consciousness of responsibility and a quickening of interest may be developing among the "Fourth Estate" to judge from events within the past year, in fact within the past six months. In October, 1935, the *Chicago Daily Tribune*, one of the pioneers in promoting public attack on syphilis and gonorrhea, published in its Sunday edition a series of three full-page articles on syphilis. So far as known, this is the first series of its kind ever printed in a family newspaper. Written by John A. Menaugh in popular style, titled and illustrated interestingly (see Plate II) the articles traced the history of syphilis and its influence on mankind's health through the ages, and gave specific information regarding the nature of the disease, means of avoidance and the necessity of prompt treatment if infection occurs.

Far from incurring public criticism, the *Tribune* found that many readers wrote in to commend its efforts to provide accurate information on this enemy of family health and welfare. Since then editorials and other items on this subject have appeared.<sup>1</sup>

The *New York Daily News* found that a similarly favorable public reception awaited the series of articles, editorials and cartoons published during February and March of this year. Aroused by facts brought out at the Regional Social Hygiene Conference held in New York on January 15th as to the high prevalence of syphilis and gonorrhea, the *News* published a couple of straight-to-the-point editorials and some graphic cartoons (see Plate III) and assigned an experienced special writer, Mr. Carl Warren, to prepare a series of four articles addressed directly to its million and a half daily readers.

The text, illustrated with photographs and charts, dealt with the venereal diseases as problems of personal hygiene and public health, stressed their dangerous communicable nature and the need for early diagnosis and treatment, described treatment and listed sources of medical advice, and warned against quacks. A second series of four, published a few weeks later, discussed preventive measures with special reference to prophylaxis. Since then several briefer articles and comments, both from the *News* staff and from the public, have appeared.

To date, the *News* seems to have set a record for space assigned, variety of presentation, and number of readers reached. Public reaction was wholly satisfactory, and produced practical results as to getting infected persons under treatment, as indicated by the large number—a hundred or more a day—of congratulatory comments and personal inquiries received at the *News* office, the City Health Department and the Association's headquarters.<sup>2</sup>

Both the *Tribune* and *News* projects illustrate the way in which voluntary agencies like the Association are of service to the public. In addition to assisting with the preparation of such articles, pro-

<sup>1</sup> For many years the *Tribune* and other Chicago newspapers have carried regularly advertisements of the Chicago Public Health Institute, which present social hygiene in frank, scientific and interesting manner.

<sup>2</sup> Since this article was put into type the *Washington (D. C.) Herald* has begun a series of daily feature articles on venereal diseases, by local social hygiene experts, which is planned to continue for an entire month.

viding data, statistics *et cetera*, reprints of the completed material are circulated widely among social hygiene agencies, to health officers, and to newspapers and other publications which may be encouraged to utilize prepared material or work-up material of their own.

Summing up the newspaper situation, we may set down here certain tentative conclusions:

1. It is well known that most news services and newspapers definitely instruct their writing staffs against the use of certain words. Many of these lists of words include the medical terms "syphilis," "gonorrhea" and "the venereal diseases." The wide-spreading networks of the Associated Press and the United Press are among the services which issue such instructions to their staffs.

2. While this policy still holds, newspapers generally throughout the country indicate a tendency towards increased space, accurate reporting, and a gratifying tendency to discard or define the ambiguous "social diseases" in favor of the scientific medical terms.

3. It is sometimes possible, by personal interview with the editor, by letters from influential persons, or by other means, to secure newspaper cooperation previously withheld. For example, during a social hygiene educational campaign held in New York City in 1930 by the Bellevue-Yorkville Health Demonstration, the New York City Department of Health and the American Social Hygiene Association, cooperation at first generally refused was extended by several daily newspapers after a letter explaining the purpose of the campaign and the importance of proper publicity, signed by forty-three New Yorkers well known in public health and social welfare fields, had been sent to the editors.

4. An emergency community situation, with consequent realization that the public health is really threatened, sometimes opens newspaper columns that might otherwise remain closed.

Such a situation was recorded in Columbia, South Carolina, when, early in 1932 the Columbia-Richland County Venereal Disease Clinic was closed for lack of funds. The *Columbia Record*, with an excellent news story under the caption "Venereal Clinic Affords Treatment for Over 3,000; Closing Finds Hundreds on Waiting List" helped to raise the \$2,800 that permitted the clinic to operate for the balance of the year. At about the same time, in the sister-state of North Carolina, newspapers in several towns, including Winston-Salem, Wilson, Gastonia, Greenville and Greensboro, were up in arms over the lack of facilities for treatment of such patients, and waged valiant war for improvement in both editorial and news columns. The *Winston-Salem Journal*, under the heading, "A Serious Menace," said editorially on April 20, 1932, "Those who have thought the *Journal* too much alarmed over the menace of venereal diseases should have attended the meeting of the North Carolina Medical Society Monday night. . . . There they would have heard an authoritative discussion of this subject. . . . The brief report, as published in this paper yesterday, is sufficient to show that it is difficult, indeed, to become too much alarmed over this matter."

. . . "It is estimated that more than 151,000 cases of syphilis are scattered through the Negro population alone of North Carolina." The *Sentinel*, in the same community, was equally exercised over the situation, and papers throughout the state evidenced solicitude for public health and have continued ever since to bring up the subject at intervals.

Another such newspaper campaign was conducted in Sacramento, California, when during the latter part of 1933, the *Sacramento Bee* launched a headline thunderbolt reading "Alarming Spread of Syphilis in State Reported: Statistics Reveal California Is Being Swept by Venereal Diseases." The story which followed reported a 50 per cent increase in clinic cases during the four years since 1929, and while admitting that this might be due to the fact that more people were seeking free treatment, nevertheless contended that "venereal diseases have laid a hand on California almost like a plague." This opening shot was followed up with a vigorous barrage of news stories of conditions among the infected inmates in jails, hospitals, and clinics, with constant editorial demand for improvement.

Still more recent was the vigorous campaign waged by the *Evanston* (Illinois) *News-Index*, in the summer of 1935, in cooperation with the Evanston Social Hygiene Committee, in an effort to retain municipal support for a much-needed clinic. Whether or not Evanston finally succeeds in keeping its clinic doors open, every man and women who read the *News-Index* knows considerably more about the dangers of syphilis and gonorrhea than previously, and is consequently more on the alert to avoid infection, or to seek treatment if infection occurs. As this is being written the *Raleigh, North Carolina, Times* and the *Greensboro Record* are supporting in news and editorial comment the Health Officers' attempts to control gonococcal infections among children.

5. Newspapers which might hesitate to print news items containing the forbidden medical terms will sometimes permit them to appear in feature stories, or in "special writer" columns which carry the "by-line" of the author. Such widely syndicated columnists as Heywood Broun, Gretta Palmer and Elsie Robinson have often dealt with social hygiene subjects. Edith Johnson of the *Daily Oklahoman* has regularly gone to bat with straightforward medical talk. Fannie Squeers of the *Macon (Georgia) Telegraph* runs frequent social hygiene educational articles. That forthright commentator H. L. Mencken on August 13th, 1934, devoted a double column of the *Baltimore Evening Sun*<sup>1</sup> to a signed review of the venereal disease situation in that city as revealed by a recent survey and asked in direct fashion "What is to be done about it?" (Adding that there can be nothing but damage in hiding so appalling a menace behind the door, and that if any other infectious disease of comparable virulence were one-half so prevalent it would cause something approaching a panic.) The medical columnists, such as Dr. Morris

<sup>1</sup> Since then both the morning and evening *Sun* as well as the *Afro-American* (Negro) papers have printed a number of editorials and news items on the local situation, giving publicity to information published in the *Baltimore Health News*, published by the City Health Department.

Fishbein, Dr. William A. Brady, Dr. Irving S. Cutter and many others, regularly include syphilis and gonorrhea among the subjects which they discuss.

Numerous other examples of newspaper protection of the public health from syphilis and gonorrhea might be cited. Wherever they occur they prove two things: the importance of the press when it functions not only as news gatherer, but as crusader and educator; and the possibility of speaking frankly on social hygiene subjects in print, without offending or alarming.

Mr. Warren, commenting in the *Editor and Publisher* on his experience in gathering material for the news articles, said: "To my amazement, I found ample printable material as well as data for sketches, charts and pictures. In the beginning I feared that it would be difficult to obtain information, more difficult to write it without giving offense, and still more difficult to illustrate it. The series will show that I was wrong on all three counts. It proves, I believe, that anything can be written in the English language without giving offense, if carefully composed."

### *The Magazines*

As weekly, monthly or quarterly publications, higher in price, magazines naturally reach a smaller public than the newspapers, and have correspondingly less opportunity for "mass education." Nevertheless, the circulation of some of the popular magazine publications runs into the millions, and they have the added advantage that they reach a more selective public, for the most part persons of mature mind. Whether for this or other reasons, the inhibitions affecting newspapers in respect to social hygiene education do not seem to apply to the magazines. Standard magazines such as *The Atlantic Monthly*, *Harper's*, *Scribner's* and others have not seemed to restrict their authors from mentioning syphilis and gonorrhea, when the subject arises in the course of their writings, and some publications have sought special articles on these diseases. *The Country Gentleman*, one of the Curtis Publishing Company's group of family magazines, with a large circulation, printed in 1934 two articles by Paul De Kruif on new methods of treating syphilis. In 1932 the *Forum* published a series of four articles by the same author on the discovery of the spirocheta pallida and the history of the campaign for its extermination. News-weeklies like *Time*, *The Nation*, *The New Republic* and *The Literary Digest* speak clearly. *Liberty*, with a weekly circulation of nearly three million, has published several frank editorials and articles. *Physical Culture Magazine* in four successive issues, February to May, 1936, is printing a series of articles by Wainright Evans on venereal diseases as a personal health problem.

In general, it may be said that the magazines, while not crusading actively for improvement in social hygiene conditions or for education from a public health angle, offer a fertile field for cultivation if competent authors can be found. This applies of course to articles only. It is doubtful whether any standard magazine at present

would accept a piece of fiction dealing directly with medical aspects of social hygiene, though many stories refer indirectly to such problems and situations.

Exceptions to the non-crusading policy have occurred, both in the past and recently. Nearly thirty years ago, Edward Bok, in the *Ladies' Home Journal*, launched a vigorous campaign against the "conspiracy of silence." The *Journal*, the *Saturday Evening Post*, *Collier's Weekly* and others cooperated heartily in the advertising campaign conducted by the Association in 1919-1920. In January, 1928, and again in July, 1930, twenty-four standard magazines carried the Metropolitan Life Insurance Company's "Great Imitator" advertisement, on syphilis, issued in the company's monthly series. This was paid advertising, of course, but in some cases, cooperation of a non-purchasable character was furnished, notably in the post-war series, when advertising schedules already full were revised to include the social hygiene ads "because" as more than one editor wrote "of the importance of the subject." Certain local magazines have taken the lead, such as Buffalo's *Trend*, which under the title of *Hushed Up Plagues*, a year or so ago launched a vigorous and effective article on community failure to act on the recommendations made by a recent survey of the venereal disease situation, and scored particularly the newspapers which failed to give proper publicity to the survey report and to the "frank and invigorating discussion" held at a luncheon meeting of the local social hygiene committee.<sup>1</sup>

The technical medical journals, popular health magazines like *Hygeia* and the professional magazines such as *The Trained Nurse and Hospital Review*, *The American Journal of Public Health*, *Public Health Nursing*, the *Journal of Nursing*, the *Mental Hygiene Quarterly*, and others designed for special groups, of course include social hygiene materials regularly in their tables of contents. This in turn, while not direct "mass education," is passed on to the public through the professional groups concerned.

### *The Motion Pictures*

Social hygiene is a subject which easily lends itself to interpretation through the medium of the motion picture screen. This fact has led social hygiene agencies both in the United States and other countries to utilize films as widely as possible for educational purposes. Through these films millions of people in all parts of the world have received social hygiene information which might not have reached them in any other way.

Social hygiene films have been made for various purposes: For public information in support of the social hygiene movement; for education and protection of the individual in personal health; to provide knowledge concerning the facts of biology and reproduction; and as a means of bringing new developments and techniques to the attention of medical and other professional groups. Two

<sup>1</sup> Since then Buffalo newspapers have published frank social hygiene news stories and other items on several occasions.

types of films have been developed—drama films and lecture or documentary films.

Several European countries have made regular use of social hygiene films. In France, a film called *The Three Friends* has had much popularity. A German film called *Feind im Blut* (The Enemy in the Blood) was made a few years ago and we understand has been widely shown. A print of this film was brought to the United States with the hope of getting it shown commercially, but the plan has not been successful to date. The British Social Hygiene Council has made and distributed a number of pictures, among them a four-reel drama film called *Deferred Payment* which has also been used in this country.

In the United States, the American Social Hygiene Association has been chiefly responsible for making social hygiene films and getting them before the public. Beginning with the drama film *Fit to Fight*, made for men in the camps in 1917, with the cooperation of the War Department, and the companion film, *The End of the Road*, made for women and girls the next year, the Association made about twelve films in the period between 1917 and 1923. Aside from the drama films mentioned the subjects dealt with were biological and medical, and of these latter films six are still in circulation. Since 1920 approximately 150 prints have been sold or loaned in nineteen countries outside the United States and several times that number of prints have been purchased by health departments, social hygiene agencies and educational groups in the United States. While these first drama films, because of change in costume-fashion, production and acting technique, have naturally become outmoded, the biological and medical films, being mostly scientific photography or diagrammatic, maintain their value and are still widely circulated. The four-reel biological film *The Gift of Life* is in special demand by schools, parent education groups and similar agencies. The film *Modern Diagnosis and Treatment of Syphilis* is used regularly by medical societies and nursing groups. The Army, the Navy and federal groups such as the CCC camps and the TVA utilize the existing lecture films on venereal diseases regularly with the men under their jurisdiction and it is likely will continue to do so for some time to come, or at least until newer and equally authentic films are produced.

The first social hygiene drama film, so far as we have knowledge, was a screen presentation (silent) of Eugene Brieux's *Damaged Goods*, sponsored, produced and played in California, about 1915, by that fine veteran actor Richard Bennett. Mr. Bennett had previously produced and acted this play on the stage, the first production having occurred before members of the Sociological Fund at a Friday matinee, March 14, 1913, at the Fulton Theatre, New York. The play was immediately acclaimed by press, pulpit and public. Following a special guest performance in Washington, D. C., on Sunday afternoon, April 6, 1913, at the National Theatre before a distinguished audience, the performances were continued in New York until mid-summer and a country-wide tour was afterward taken.

The screen production followed as a natural consequence and although it aroused a storm of protest in some quarters it played extensively throughout the country for several years. The present writer saw a production of it in 1925 in Birmingham, Alabama, and in spite of the old fashioned technique the drama remained effective and convincing.

The possibilities of motion picture drama for social hygiene education were thoroughly proved during the World War. The drama and lecture films *Fit to Fight* and *The End of the Road*, based on careful study and observation by scientific groups, physicians, physiologists and psychologists and produced and directed under expert guidance,<sup>1</sup> demonstrated conclusively the theory that education is a strong force in maintaining health and avoiding disease. The program of educational work with the armed forces was without doubt a factor in maintaining the low rate of venereal infections among the soldiers in this country and in France. Also special studies of audience reaction, made not only among these groups, but among civilian groups to which the pictures were shown,<sup>2</sup> indicated an eagerness for social hygiene information and a disposition to make intelligent use of it.

In spite of the fact that costumes and technique were old fashioned and even ludicrous, these films continued to be shown and to be received by the public with interest in the sixteen years following the War period. No longer ago than the winter of 1932, Dr. Gordon Bates, General Director of the Canadian Social Hygiene Council, showed *The End of the Road*, a silent picture, to 20,000 people on paid admissions in ten days in Toronto.

Such experiences as this, and frequent requests for a new drama film from State Health Officers and other agencies and persons interested in social hygiene, indicated that the production of such a film would be among the most helpful services which the Association, as the national social hygiene group, could render to the states and communities. It was out of the question to raise funds specially for such a project to be carried out under the exclusive supervision of the Association. In the years since the War period, though many scenario writers had sought our advice and a number of independent producers had proposed that we lend our sponsorship to a new film,

<sup>1</sup> The American Social Hygiene Association, the United States War Department, the War Department Commission on Training Camp Activities, and in the case of women's film, the Young Women's Christian Association, sponsored these films. They were written and directed by Lieutenant Edward H. Griffith, who has since become one of Hollywood's leading directors. Trained actors, including Raymond McKee, Paul Kelly, Claire Adams and others, played the various rôles. In *The End of the Road*, Mr. Richard Bennett again proved his interest by taking the leading part. Before they were shown to the groups for which they were made, numerous previews were held before professional groups, to detect scientific inaccuracies.

<sup>2</sup> *A Psychological Study of Motion Pictures in Relation to Venereal Disease. Campaigns*, by Karl S. Lashley and John B. Watson of the Psychological Laboratory of Johns Hopkins University. United States Interdepartmental Social Hygiene Board, 1922. The film selected for study was *Fit to Fight* (retitled after the Armistice *Fit to Win*). Eight different groups, varying widely in social and educational level, totaling 4,800 to 5,000 persons, were studied.

none of these undertakings had seemed sufficiently stable financially, nor the films of enough value, to warrant our cooperation. However, when officials of one of the best known of reliable motion picture producers approached us with an outline for developing a scenario (later titled "Damaged Lives") we were glad to join in what seemed like a very promising enterprise. Although the making of this film was finally undertaken by a new firm—the Weldon Pictures Corporation, we assisted in every way within our means in the preparation of the scenario and film, furnishing copies of our existing films and scientific material for study in Hollywood by the producers and by Dr. Bates, who had been loaned by the Canadian Social Hygiene Council to supervise personally the accuracy of technical details. The attention of professional and lay groups was called to this film through a series of previews and *THE JOURNAL OF SOCIAL HYGIENE* and *Social Hygiene News*. A special American lecture film was prepared to follow the drama when it proved that the original version made for showing in Canada was not entirely suitable for use in the United States. The Canadian Social Hygiene Council and the Canadian film agencies were equally interested and entered into an active program of promotion of showings throughout the Dominion.

The difficulties of making any educational film for commercial distribution, aside from the problems involved in its distribution, are many. To make a film that will be scientifically accurate and dramatically gripping, yet non-sensational, is an undertaking of formidable size. When is added the necessity for dealing with a subject like the disease syphilis in a reassuring rather than alarming manner, and yet in a way which will not minimize the danger from such a health menace, the problem becomes more than ever intricate and it is probably hardly possible to make a film which would satisfy all concerned. *Damaged Lives*, we believe, does a fairly good job; physicians or trained nurses, social workers or other professional group will perhaps find in the film, as we do, various weaknesses and points which they would like to revise or eliminate.

The story of the drama *Damaged Lives* concerns a young couple in well-to-do circumstances who are engaged to be married but whose wedding owing to various circumstances does not take place until after the young man becomes infected with syphilis through a brief and unpremeditated contact with another woman. Learning of his infection he unwisely visits a quack doctor, who charges him a large fee and assures him that he is all right. When the young wife becomes pregnant and her doctor's careful examination reveals syphilis infection both the boy and she are frantic with anxiety. Refusing to believe her physician's assurance that proper treatment will enable her to bear a healthy child and that both she and her husband may be cured, she tries to do away with their lives. The young man succeeds in preventing this and the film ends on a hopeful note. Throughout the drama it is reiterated that there is no stage in the disease that physicians cannot do something to alleviate or check its progress.

The drama is followed by a three-reel lecture film, *Science and*

*Modern Medicine*,<sup>1</sup> discussing the effect of syphilis upon the human system, giving the facts of reproduction, and repeating the possibility of cure through early and persistent treatment. In addition to the drama and lecture film a special series<sup>2</sup> of pamphlets were prepared by the Association for distribution in connection with public showings.

The picture was completed early in 1933. The Weldon Picture Corporation with Mr. Maxwell Cohn, brother of Harry and Jack Cohn of Columbia Pictures, as President, and Mr. J. J. Allen, director of the Premier Operating Corporation of Canada as Treasurer, was organized to distribute the film. The large number of previews held in New York and elsewhere by the Association before professional groups seem to indicate general approval and on September 15, 1933, the public world premiere of the film occurred in Boston at the Majestic Theatre, with the State Department of Health and the Massachusetts Social Hygiene Society and other state and local groups cooperating.

The Boston showing was a success from the beginning. Although a heavy downfall of rain prevailed at the premiere, the house, which was a rather large one, was filled and the picture remained at the Majestic Theatre for six weeks, showing to an audience of 4,000 people per day with paid admissions of 50 and 75 cents each. It was also shown in Chicago, Indianapolis, and other large cities. In all, the total commercial showings during 1933 and 1934 were in 32 states, 426 theatres, and 300 cities, with a total audience of around seven hundred thousand (700,000) persons. It was also shown in Spain, France, England, Ireland, Scotland, Wales, Holland, Argentina, Australia, Chile, the Central American states and Cuba. In England it had an enormous success, running for some weeks at the Strand Theatre.

In this country, however, the New York Board of Censors failed to approve the film for showing in this state. The Censor Boards of Ohio and Pennsylvania followed suit. As this automatically reduced the potential income of the distributors by about 37 per cent the film had small chance of being a financial success. The great expense of setting up distributing machinery for one film in the limited area left was a further bar to commercial profit and with the small force which the distributors were able to maintain it became impossible to safeguard the picture against sensational publicity and exploitation by unscrupulous exhibitors. The Association therefore regretfully found it necessary to withdraw its sponsorship at the close of 1934 though our point of view as regards the value of the film has not changed and we hope that it may yet be possible to show it more widely to educational groups if commercial distribution cannot be effected.

The public reception of the film was hearty and intelligent. Various experiments were tried to ascertain the truth in this respect. In

<sup>1</sup> The lecture film, *Science and Modern Medicine*, may be rented or purchased from the American Social Hygiene Association in 16 or 35 mm.

<sup>2</sup> The special series of pamphlets include *Health for Man and Boy*, *Women and Their Health*, and *Marriage and Parenthood*, Publications No. 839, 840, 841. They may be secured for 5 cents each from the Association.

Providence, R. I., for example, comment cards were handed out to the audience and several thousand of them were mailed back with hardly a dissenting voice among them. In Boston it was found that many persons during the film showing sought the Health Department or the Massachusetts Society for advice as to taking up or resuming treatment for syphilis. It was also found by both physicians and clinics in this city that many patients came in for advice and treatment as a result of having seen the film. In London, where careful tests were made, it was found that the increase in the number of patients coming to clinics for syphilis treatment after seeing the film was as high as 25 per cent. Best of all, so far as it has been ascertained, the effect produced by the picture was not that of fear or phobia, but rather of an intelligent comprehension of the health problem and a common-sense determination to seek sound medical attention.

Going back to the difficulties of getting social hygiene motion picture films before the public, aside from the problems of distribution and publicity already mentioned a very real obstacle lies in the fact that many unscientific and sensational films have been produced in the years since the War and in most states have been shown without restriction. It is the undesirable content of these films which has been responsible for the rule made by the Motion Picture Distributors of America that no film dealing with sex hygiene, white slavery or venereal diseases should be shown in houses controlled by that Association, that is, the most important first-run houses. This makes it impossible to show social hygiene films of any sort anywhere except in the second rate and less important picture theatres. While this obstacle may be successfully overcome in some cities, as in Boston, in others it was found to work a very decisive handicap against showings of *Damaged Lives*, as it was hard to attract audiences to out-of-the-way or unfrequented theatres. It also means that the distributor or producer handling such pictures must conduct this business in the face of open disapproval of a large and important section of the motion picture industry. Often times exhibitors are skeptical and afraid to take on that type of picture, considering it a gamble, and the result is that they require a guarantee of some kind from the distributor or insist on such a large percentage of the box office receipts that the producer distributor cannot make a profit.

The fly-by-night sensational sex pictures are also probably responsible to a great extent for the attitude of the Boards of Censors in the states and communities. A precedent has been established for dealing with them drastically and the censors have come to believe that any picture that has to do with the venereal diseases is unfit for public consumption and should be banned. Cooperating with the National Board of Review, members of our staff have seen many of these unscientific and sensational pictures and believe that the Censor Boards cannot be blamed for showing conservatism. It is believed, however, that the Censor Boards should be persuaded to differentiate between good and bad films and we have endeavored to set up standards by which such a distinction might be made, though

so far no Censor Board has shown a willingness to be guided by such suggestions. Some of the qualifications suggested for consideration are: the film must be scientifically accurate; it must have a definite purpose and continuity; it must have a correct impression of standards and practices; it must offer useful and important knowledge in an acceptable manner; must avoid debatable and unestablished points in public health; must properly correlate medical content with social and moral aspects;<sup>1</sup> must secure the approval of lay groups; must demonstrate its ability to secure popular support; must be safeguarded against misrepresentation and exploitation in advertising or use in any way harmful to the public; must be withdrawn, revised or limited in showings in accordance with practical experience.

If a social hygiene film could be produced covering all of these qualifications it might satisfy even the Censor Boards. Meanwhile the informed opinion of intelligent groups will do much to break down censor prejudice.

As to the future of social hygiene education through films, it is not too much to hope that in time the same conviction of responsibility and liberality of viewpoint may develop among motion picture producers, exhibitors and censors as has taken place among the newspapers to such a great extent. A year ago, who would have said that a great producing firm would have chosen the scientific achievements of Louis Pasteur as the theme of a film for popular consumption? And yet *The Story of Louis Pasteur* was made, and has been shown for months to enthusiastic audiences, with such success both dramatically and financially that Warner Brothers announce their intention of making further films on scientific subjects. Why not, eventually, social hygiene as an accepted subject? In order to provide effective education, the screen does not need to be crowded with images of blind children, cases of locomotor ataxia, or open lesions of syphilis. As in the written story, it is possible to educate without offending or alarming. Careful casting and direction, non-sensational plot and handling, and advertising which keeps within the bounds of good taste will accomplish much. A constructive attitude can help. For example, the kind of short comedies and dramatic episodes now being made by Twentieth Century-Fox Pictures in the *American Family* Series, with the same cast and director throughout, offers opportunity for the development of social hygiene education in family relations and health conditions which has not yet been utilized. We believe that some day somebody will do it.

Meanwhile, the health and social hygiene groups will go on educating as many of the public as possible in non-commercial showings of social hygiene films, and this has its effect. But the wider distribution should become the rule as rapidly as possible. As Dr. René Sand has said: "Wherever practicable, it is better for people to absorb information unconsciously, in the course of their usual pur-

<sup>1</sup> This is quite important to some groups. The criticism has been made against *Damaged Lives* by such groups that there is no attempt to point up the social and moral aspect of the character's conduct, and that the film therefore does not realize its full possibilities for education.

suits, than for them to be herded together for the special purpose of instruction."

### *Social Hygiene Education by Radio*

The third of the great avenues of public communication, radio broadcasting, presents even larger possibilities for social hygiene education. And the history of efforts in this direction is full of interest. From the time that radio was perfected, social hygiene talks have been given and in earlier days the use of medical terms was not restricted. No longer ago than 1928, a talk discussing syphilis exclusively was given over WEAF by Dr. Walter M. Brunet,<sup>1</sup> then secretary of the Social Hygiene Committee of the New York Tuberculosis and Health Association; and since that time numerous other talks designed to inform the public regarding the dangers of syphilis and gonorrhea have been broadcast from various stations throughout the country.

However, with the wider development of the national networks controlled by the Columbia Broadcasting System and the National Broadcasting Company, restrictions were made against the use of many medical terms as not suitable for radio mention. A proportion of local independent stations followed this lead, with the result that for some years past it has not been generally possible to present social hygiene information over the air fully, frankly, or accurately from a scientific standpoint. In such cases medical information had to be mentioned indirectly and obscurely, in connection with "preservation of family health" and similar general phraseology. Meanwhile, a good many of the independent local stations were regularly broadcasting talks by health authorities and social-hygiene workers on medical social hygiene conditions. The inconsistency is obvious. A station which received part of its program from local sources and part of it from a national network might in its own behalf broadcast all the medical information it wished, but as the agent of a national hook-up was barred from presenting this information to the same audience.

The situation was further inconsistent for the reason that, so far as could be learned, the public constituting the radio audience had no objection to receiving health facts and, in fact, was eager for them. Various experiments were tried to test out public reaction. For instance, in Erie, Pennsylvania, in 1932, a series of lectures on all phases of social hygiene, medical, educational and legal—was broadcast as given, without revision or previous censorship, three times a day in a five-day institute. Opportunity was provided for radio listeners to telephone questions which were answered by the speaker in the course of the regular session, and the whole plan excited great local enthusiasm. The health education divisions of a number of the state departments of health, such as New York and Massachusetts were regularly broadcasting social hygiene health talks.

<sup>1</sup> This talk was entitled, "*The Great Imitator*," and according to the broadcasting studio a greater number of requests for copies were received following its presentation than for any other talk, with one exception, which had been given on a health subject up to that time.

At the same time members of the staff of the American Social Hygiene Association and other social hygiene authorities who were asked to speak over the national networks were regularly including the scientific medical terms where they would naturally appear in radio script, and the radio officials were as regularly deleting these terms. Occasionally, when advance censorship had not made sure of such deletion, speakers were abruptly cut off the air on mention of the words syphilis or venereal diseases. This happened late in 1934 in the case of a talk given by Dr. John L. Rice, Health Commissioner of New York City, when he included mention of work and budget of his Department for the control of venereal diseases.

Matters came to a head on November 19, 1934, when Dr. Thomas Parran, Jr., Surgeon General of the United States Public Health Service (then Commissioner of Health of the State of New York), refused to present his paper in a broadcast over the network of the Columbia Broadcasting System when told, as he was about to speak, that he could not include reference to syphilis as a public health problem. The talk was one of a series, *Doctors, Dollars and Disease*, sponsored by the Public Health Committee of the National Advisory Council on Radio Education, which had regularly attracted a large audience, and the announcement from the radio station that a musical program would take the place of Dr. Parran's talk aroused considerable curiosity. The newspapers gave the matter wide publicity and the whole affair occasioned nation-wide discussion in both radio and health education circles.<sup>1</sup> Dr. Parran stood his ground and was backed up by the Advisory Council and health education authorities generally. The radio officials company were equally steadfast. In a public statement, the Columbia Broadcasting System said:

Editorial responsibility for what the Columbia Broadcasting System puts out over the air must be assumed, and is assumed, by Columbia itself. In deciding what is proper for us to broadcast, we must always bear in mind that broadcasting reaches persons of widely varying age levels and reaches them in family and social groups of almost every conceivable assortment. For this reason we do not believe that it is either wise or necessary to discuss, and sometimes even to mention, some things which may more properly be discussed in print, where each person may individually and privately concern himself with the subject.

The National Broadcasting Company apparently agreed to this general position, and in spite of a good deal of correspondence, and several public discussions of the pros and cons<sup>2</sup> the status remained unchanged. A little later, however, following efforts of many agen-

<sup>1</sup> Mr. Thomas C. Stowell of the Division of Health Education of the New York State Department of Health, describes this incident in detail in his article *Social Hygiene on the Air*, in this number of the JOURNAL, p. 165.

<sup>2</sup> Such as meetings of the Health Education Section of the Social Work Publicity Council and the New York Regional Social Hygiene Conference, on both of which occasions, Mr. Frederick A. Willis, Educational Director of the Columbia System, and Mr. Franklin A. Dunham, in charge of education for the National Broadcasting Company, presented their views.

cies including the American Social Hygiene Association and the Board of the General Federation of Women's Clubs, urging that greater freedom be allowed in radio discussion of the vitally important subject of syphilis and its control, some improvement has been noted. While general use of medical terms such as syphilis is still to be avoided, they may be mentioned in talks and addresses given by competent medical authorities from NBC and WOR. Dr. Parran, Dr. Snow, Dr. Michael Davis and others have recently been invited to speak over these chain stations without any censoring of their addresses. Of course during all this time many local stations have encouraged sensible talks given with due regard to good taste. There is evidently a growing disposition on the part of all radio stations to cooperate in public education on social hygiene.

At about the time of the Parran incident, the American Social Hygiene Association made an inquiry as to the experiences of state boards of health and state and community social hygiene agencies in broadcasting social hygiene educational talks. A large majority of these groups reported that medical terms were used regularly in radio addresses. From New England, the middle west, the far west, and the south, experiences and testimony poured in to the effect that for the most part social hygiene education in accurate, frank, and scientific phraseology was unhindered. From states having such widely varying types of population and viewpoints as Mississippi, Alabama, New Mexico and Connecticut came evidence to the effect that such education over the air is not only possible but practicable and appreciated by the public.

While frank speech and direct reference to the health problems presented by syphilis and gonorrhea are considered desirable at times, if the public is to be adequately informed for its own protection against these diseases, it is believed that much can be accomplished in radio without such direct reference, when good taste contraindicates. As in the case of the newspapers and motion pictures, the potentialities of radio have not yet been explored for presenting the constructive, normal side of social hygiene education as applied to family life. The social hygiene playlets included in the *Health Hunters* series presented by the New York State Department of Health, give an idea of what may be done by implication in dialogue, followed up by a brief, straightforward, reassuring health talk. Another example of indirect but effective presentation was shown in a series of two talks on *The Next Generation*, by an Association staff member, given over station WHN in 1935, as a part of the educational campaign against congenital syphilis conducted by the New York Welfare Council, the City Health Department, and local social hygiene agencies. Though the whole theme of these talks was on the topic mentioned above, and the health hazards to infected mother and child and possibility of prevention were clearly brought out, no direct mention was made of the disease, nor any medical terms used which could possibly offend the most fastidious ears. The time of the talks was 6:15 P.M., and the style and content were designed for family dinner-table audition.

The popularity of family group series like *One Man's Family* and

other existing programs should hold a hint for social hygiene educators. Some of these programs have already dealt with some aspects of social hygiene, such as sex education and youthful delinquency, wise use of leisure time *et cetera*, though naturally these labels were not attached. If ingeniously presented, health education might also be undertaken, with widespread and favorable results. To date, the surface of such possibilities has hardly been scratched.

In March, 1935, the Milbank Memorial Fund for the first time held as part of its annual conference, to which a selected group of outstanding health experts are invited, a round table on venereal diseases, with Dr. Parran presiding. In summing up the conclusions of this round table for the general conference, the following statement was made regarding mass education:

The need is not so much for new methods as for vigor and energy and sustained effort in the application of well-known procedures. These should include the use of all media of advertising and education: the press, radio, motion pictures, billboards, placards, and lectures. We have stressed too much an unwarranted belief that we must cater to so-called public sensibilities, when as a matter of fact, we ourselves and those who control the channels of public education are more squeamish and fearful than the public. The public is willing and anxious to have this problem discussed, and is seriously in need of that information which is essential to the success of control efforts.

At the 1936 meetings of the Fund, just concluded, this view received further emphasis, and encouraging support of the timeliness of united efforts of all agencies along these lines, as supplementary to the scientific procedures now being permanently established in the programs of public health and medicine.

This we believe is the picture—a public “willing, anxious and seriously in need of information”—which should be kept constantly in mind not only by social hygiene workers, but by the newspapers, the films, and the radio companies themselves, if they are to fulfil their duty as channels of education.

## SOCIAL HYGIENE ON THE AIR

THOMAS C. STOWELL

*Assistant Director of Public Health Education, New York State Department of Health; Director, The Health Hunters radio series.*

When radio broadcasting rather diffidently and uncertainly entered the field of commercialism, the press took a somewhat patronizing attitude towards this interesting wireless phenomenon. It was not long, however, before the old veteran, Press, began to look upon this youngster in the field of entertainment, instruction and advertising as a natural enemy. Undoubtedly these dagger glances were aimed especially at radio advertising, which began to assume startling proportions.

It seems unlikely that the press will have to do much more serious worrying over the radio as a "natural enemy." After a few minor skirmishes, the two found not only that they could both get along very well, but that they could get along very well together, supplementing and cooperating.

Of course there are obvious fundamental differences between these two agencies of information. But there are also many similarities. Both, for instance, make their living from advertising. Both are tremendous propagandistic and educational agencies, catering, as they do, to the two organs of our bodies through which we are told we learn everything—the eye and the ear. Both are held to rather strict accountability by their government for what they print or say, through the United States Mail and the Federal Communications Commission.

Possibly this last similarity may have had something to do with the fact that both press and radio have been found considerably alike in their attitude toward a frank discussion of social hygiene problems and plans. Perhaps they felt that, somehow or other, if they used the exact terms which false modesty may have kept out of general conversation for too long a time, they might step beyond the bounds of "mailability" or "broadcastability."

At any rate there certainly are a great many newspapers

which still give the venereal diseases a high rating among their "unmentionables." Just as there are, happily, an increasing number of newspapers, including some of our greatest, that now will call the venereal diseases by name, a bit timidly often, but nevertheless actually.

Radio might claim with no little justice that it has greater reasons than the press for the most punctilious care in making certain that what it broadcasts contains nothing that might be considered offensive. Thousands who cannot read can hear, and thousands more who will not read do listen.

So we find that syphilis and gonorrhea seem to be preferably non-existent on the Columbia Broadcasting System; if their existence is recognized, they must be known only by such "filtered" terms as "social diseases." On the other hand, the specific terms have recently been chain-broadcast by the National Broadcasting Company, with, so far as could be observed, no withering of antennae or bursting of tubes. Not the least interesting feature of this latter incident was an almost exact similarity of restrained, sane, scientific handling of material as was given a broadcast which a short time before could not be sent over the Columbia System so long as it contained those "red flag" words.

The New York State Department of Health has had rather striking experience with the viewpoints evidenced by both of these attitudes. Almost as soon as the General Electric station WGY at Schenectady began commercial broadcasting, the Department of Health undertook a series of weekly five-minute health talks. They continued with marked regularity for more than 11 years. Occasionally they included a talk on social hygiene, culminating in a series of six on the subject given consecutively. In one of these it is to be noted that syphilis or gonorrhea are mentioned specifically no less than fifteen times in the five-minute talk.

There was no attempt on these occasions on the part of the radio station to censor or ban these specific social hygiene broadcasts. The only criticism made by WGY seemed to be a valid one. It was to the effect that the station officials were not very sympathetic with these broadcasts, not because they contained the words syphilis or gonorrhea, but because the officials did not feel that WGY should send out programs of this nature at the dinner hour, which happened to be the time given to this series. It was not difficult to understand that a broadcasting company might consider the venereal diseases as not exactly an appropriate dinner hour topic for the general public, any more than cancer, constipation or athlete's foot.

In August, 1933, the State Health Department, with the helpful cooperation of WGY, changed its type of weekly broadcast from a five-minute health talk to a fifteen-minute health play. It was realized that apparently an increasing number of persons were getting the habit of "twirling the dial" when the program became an unadorned talk, even in the case of some of the most interesting speakers and subjects. Hence it was decided to try the plan of dramatizing the health talks, or at least the subjects of the talks.

Utilizing certain sporadic efforts in this direction which had already been made, a plan for the proposed series was developed. It was decided to lay the scenes of the episodes in an imaginary New York State village, which was called Utopia so that there might be no danger of confusing it with any actual village name. The episodes were written around the Hunter family and their friends and neighbors, which gave another thread of continuity in recurring characters. In the Hunter family were Bob and Bess and their two children, Bobby and Helen. Also there was Bob's Aunt Augusta Martin, or Aunt Gusty, as everyone in the village calls her—rather inclined towards the "good old days and the good old ways." And then there was Dr. Mortimer Jones, village health officer and for a long time the only physician in town—an old family doctor who has nevertheless kept very much in touch with modern trends and methods in his profession.

This is the nucleus of characters around which the plays were constructed and from which grew a list of more than 200 characters who have appeared in the series at least once and in many cases frequently enough to become well known figures themselves. And from the chief characters, as well as the purpose of the programs, the series was given the title of *The Health Hunters*. This series is entirely the work of members of the staff of the State Health Department. The plays are written, acted (except, of course, for the children's parts) and produced by the staff, as a part of their regular work.

The broadcasting of this series has continued regularly since its inauguration except for a very infrequent interruption due to certain special broadcasts. As this is being written, the 127th in *The Health Hunters* series has been broadcast.

About a year after the first of *The Health Hunters* plays was produced, and after much planning and experimenting, the State Department of Health began recording these plays on electrical transcription records which could be broadcast from other stations and reproduced, by means of portable sound equipment, at all sorts of meetings. This use of the so-called transcriptions has progressed until now the Department has a network of 17 radio stations in the State outside New York City—which is a separate entity in its health work—using *The Health Hunters* series as a regular weekly broadcast feature. Since one of these 17 stations uses each record on both a morning and an evening "spot," *The Health Hunters* series is on the air by electrical transcription for 18 fifteen-minute periods every week, staggered over every day except Sunday. In other

words, by both direct and recorded broadcast, the State Health Department, through the fine cooperation of the State's radio stations, is on the air with public health education almost five hours every week.

But what of social hygiene's place in the Department's rather extensive radio work? It proved to be decidedly a place "in the sun"—but off the air!—last November. Dr. Thomas Parran, Jr., now Surgeon General of the United States and then New York State Commissioner of Health, had become a member of the Public Health Committee of the National Advisory Council on Radio in Education, along with such distinguished persons as Dr. Hugh S. Cumming—whom Dr. Parran succeeded as Surgeon General—Dr. Haven Emerson, Dr. Alice Hamilton, Dr. George E. Vincent, United States Senator Robert F. Wagner, Dr. Ray Lyman Wilbur and William Trufant Foster, chairman.

The Council consisted of Robert A. Millikan, Harry W. Chase, James E. Russell, William J. Donovan, Livingston Farrand, Meta Glass, Robert M. Hutchins, Michael I. Pupin, Walter Dill Scott and Levering Tyson. They had arranged and conducted a notable series of educational addresses by foremost men in their fields in the country to be broadcast by the Columbia Broadcasting System over a nation-wide hook-up. On November 19, 1935, Dr. Parran was scheduled to talk on *Public Health Needs*. Thanks to the nation-wide publicity which the incident received, it is very generally known that at the last minute, when Dr. Parran was ready to give his talk, the Columbia Broadcasting System banned any mention of syphilis control, although a brief, non-technical reference to life-saving possibilities through scientific action in the control of the disease had been specifically approved by Levering Tyson, Secretary and Director of the Council. Dr. Parran promptly refused to give any of his talk under the circumstances.

Dr. Parran had written in his speech that the life span of the average American can be lengthened by another ten years and outlined the means for accomplishing this as he sees them. In the copy of his address which had been sent to the broadcasting system, as is always required, appeared this brief, certainly not sensational, reference to which Columbia had taken objection:

"Against cancer, no progress has been made. Yet, many cancer victims could be completely cured if only the disease were recognized in its early stages. We have made no progress against syphilis, though its end results crowd our jails, our poor-houses and our insane asylums. Yet there are specific methods of controlling it better known to science than the methods of controlling tuberculosis. We need only to do what we know how to do, in order to wipe out syphilis as a public health problem.

"In my philosophy, the greatest need for action is where the greatest saving of life can be made. I consider, then, that our greatest needs in public health are first, the leveling up of present services so that every community may receive the benefits that have long accrued to the leaders; and second, a frontal attack by all com-

PLATE I.



NEWSPAPER COOPERATION SECURED BY A STATE  
HEALTH OFFICER

These articles were written by Dr. J. R. Earp, Director, New Mexico Bureau of Public Health. Note the Spanish item. See also page 188.

PLATE II.

ARTICLES WHICH APPEARED IN THE CHICAGO SUNDAY TRIBUNE  
(October 6, 13, and 20, 1935)

The editor received many favorable comments and wide distribution has been given the articles in reprint form. See page 150.

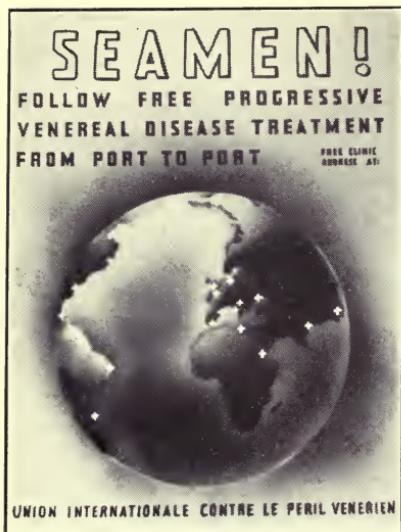
PLATE III.



SOCIAL HYGIENE EDUCATIONAL CAMPAIGN OF THE NEW YORK DAILY NEWS, 1936

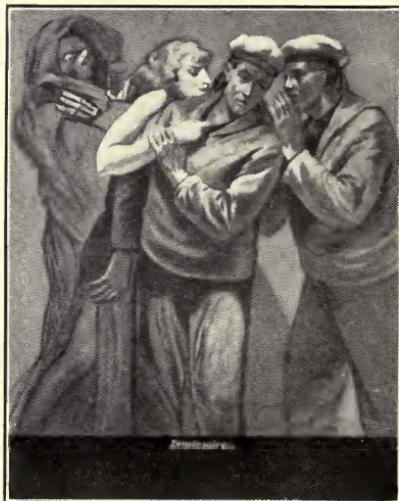
Editorials, cartoons, and 8 full-page articles were included. *The News* has reprinted the articles in pamphlet form for continued distribution. The New York City Department of Health had reprinted 250,000 copies of three of the articles under the title *Plain Talk*. See page 150.

PLATE IV.



*Two posters submitted, through the Association, by American artists.*

*The pennants in the right hand poster are code for  
"Have you a clean bill of health?"*



*The prize-winning poster, by a Hungarian artist*

HEALTH EDUCATION FOR SEAMEN

Posters submitted in a contest held in 1935 by the Union Internationale contre le Peril Venerien. (See page 189.) The originals are in color.

munities against maternal mortality and deaths among new born infants, against dental defects and faulty nutrition, against tuberculosis, where splendid gains have been made, against cancer and syphilis, where we have done little or nothing."

The next day Dr. Parran resigned from the Public Health Committee of the Council, with only this very brief comment on the action of the Columbia Broadcasting System:

"A hopeful view of relief from their dangerous malady might be more welcome to the half million persons in the United States who acquire this disease each year than the veiled obscenity permitted by Columbia in the vaudeville acts of certain of their commercial programs."

In view of the Department's satisfactory experiences in the past with WGY so far as social hygiene subjects were concerned, this action of Columbia was nothing less than a challenge to *The Health Hunters*. It was high time a play was attempted on venereal diseases! So the problem was put up to a member of the Department's secretarial staff who has become a script writer of real parts, with the result that before long *A Tragedy in Utopia* was broadcast from WGY.

It proved to be a simple but gripping story—the story of the village banker's son and his lovely fiancée who would not listen to the doctor when he told them they ought not to be married. Neither had been instructed by parents or anyone else as to the dangers of marriage under such circumstances—she was fit and ready, except for an all too common lack of helpful knowledge, but he could not furnish a "clean bill of health" which, as the doctor said, was putting it as mildly as he could.

They wed, and when the baby was born the mother was off in the wilderness on their "mountain estate" which she had agreed to try for a year—far from medical help or even silver nitrate for the baby's eyes. When they finally got her back to Utopia, it was too late. She died, and if the baby lived at all, he would be blind. The young widower rails at the failure of his parents or schools to give him the instruction which he needed, but it is a hopeless wail, with wife dead and baby probably dying.

The success of that broadcast, as evidenced by letters and postal cards, as well as spoken comments, was such that it was decided to produce another play on the same subject as soon as possible. *Eddy Blake Tries to Enlist* was the result.

In this episode, a young lad learns that the reaping of wild oats is not "all bunk." When he tries to enlist in the Navy, he finds that his father's splendid Army record and war cross cannot get him by the examining physician and recruiting officer. They do, however, inspire him to take every possible step to make himself fit for Uncle Sam's service, and he starts off with Dr. Jones, hopeful and determined.

In neither play did the dialogue contain the words syphilis, gonorrhœa or venereal disease. But in the long closing announcements,

in which the lessons of the sketches were driven home and helpful literature offered free, it was brought out, for instance, that Eddy Blake was suffering from a "venereal disease."

WGY had the scripts of both plays well in advance of broadcasting. Not only was there no change suggested in script or announcements, but at the conclusion of the second, in which the social hygiene aspects were made particularly plain, word was sent from the main studio at Schenectady—the plays are broadcast from a studio in Albany—that this was considered one of the best plays in the entire series.

WGY is one of the key stations of the National Broadcasting Company's network, and Dr. Parran's experience with censorship of syphilis was with the Columbia System. The question naturally arose of whether Columbia stations in New York State, in view of the Broadcasting System's attitude, would accept any venereal disease program such as the State Health Department offered them by electrical transcription. Six of the 17 stations using *The Health Hunters* electrical transcriptions are affiliated with the Columbia Broadcasting System. Not one refused the program or suggested any changes in the announcements, which are not a part of the records but are read by station announcers.

Some might feel that the Health Department was overly careful in its handling of these radio plays on social hygiene. But, for the well known "proof of the pudding," consider the audience reaction, as well as the station reaction. Not only was there no adverse comment of any nature from any of the stations on which these plays were presented, neither was there a single adverse comment or criticism from any listener—and there was the largest response in requests for information and comments that had been received up to that time.

There could be no question in any adult mind as to the meaning of either play. At the same time, the children who might be listening did not have to be bundled off quickly with instructions to "run outside and play," in order that their ears might not be offended.

The specific mention of venereal diseases was not necessary in either episode. As a matter of fact the plays undoubtedly were strengthened dramatically by not having the terms used. Certainly there is nothing to be gained under such circumstances in insisting on a point which adds nothing to the telling of the story merely for the sake of making the point, no matter how excellent the point may be of itself. With a preliminary "build-up" of this sort, the stations proved to be entirely willing to put every emphasis desired on the closing announcements, including the specific mention of "venereal diseases."

One final incident to show the apparently diametrically opposed attitudes of the two great broadcasting systems on frankness in handling social hygiene material. In February of this year Dr. Parran spoke on *Health Security* at the Annual Meeting of the New York Tuberculosis and Health Association. His talk was broadcast over

WEAF and the National Broadcasting Company network, and in the course of that talk he said:

"It is a great day for public health when we can anticipate the conquering of tuberculosis against which we have made progress. But an even greater opportunity exists for the eradication of syphilis against which we have made no progress, though its end results crowd our jails, our poorhouses, and our insane asylums. Yet there are specific methods of controlling it which are better authenticated by science than the means of controlling tuberculosis. Sweden and Denmark are two countries which have shown us how to do the job and we are well-launched in a serious effort against syphilis in New York State and City."

As in the case of the previous Columbia broadcast the talk was submitted in advance. There was no attempt to censor or amend Dr. Parran's words on syphilis in any way, although it will be noted that the idea expressed was virtually identical with that which the Columbia Broadcasting System would not permit to be broadcast unless the specific terms were omitted.

The experience of the New York State Health Department with broadcasting social hygiene information seems to lead to certain conclusions. First, it would seem fair to say that it is impossible to go on the air over the Columbia Broadcasting System's coast-to-coast hook-up with specific venereal disease information at the present time—and no indication has been noted of any change in this attitude since last November—no matter what the indisputable standing and reputation of the speaker may be.

Second, the record seems to show that the National Broadcasting Company is more liberal, and that local stations generally, at least in New York State, are entirely willing to cooperate in the dissemination of social hygiene information in any reasonable way.

Finally, in the case of such broadcasting stations or systems as seem willing to extend their cooperation in this most important piece of public health education, those who would broadcast on social hygiene subjects should be careful to meet this attitude with a like spirit of full cooperation—be reasonable and practical in the demands or requests made for social hygiene time on the air.

At times, I believe, there is a real danger of over-emphasizing the so-called "frank" aspects of a radio presentation of social hygiene facts and problems. It is perfectly proper and highly desirable to call a spade a spade—there is serious, urgent need for that in social hygiene. But there is no sound reason for calling a spade a whole shovel factory at peak production. There may possibly be as much danger of fanaticism in the desire to be sane in these matters, as there is of fanaticism in the belief that any mention of social diseases by their correct name is "dirty" and unfit for human consumption by eye or ear.

Personally, I have read suggested material for radio plays on social hygiene subjects which fairly bristled with "syphilis" and "gonorrhœa." Experience leads me to feel strongly that such a treatment

would at least tend towards antagonizing, not only radio stations, but also a goodly portion of the diversified audience which we know listens to such broadcasting. The potentiality of the use of the radio in the tremendously important work looking towards the reduction and control of venereal diseases is vast indeed. But what real good would be accomplished by a radio broadcast which impelled any considerable number of listeners to think something like this?—

“Ugh!—that was undoubtedly true enough, but it left a bad taste; I’m glad it’s over.”

Surely, after a broadcast seeking to extend social hygiene information frankly and soundly, it would be infinitely better to receive voluntary reactions such as those which came to the Health Department after the two social hygiene plays had been presented—infinitely better to find a Methodist minister writing:

“I have just listened to your very fine dramatization.”

Or to have a young woman write:

“I enjoyed it very much; it certainly was a needed program.”

Or a mother say:

“I listened with pleasure to your play on Tuesday last and believing that prevention is better than cure, would like my young son to read your pamphlet.”

Or a housewife express herself:

“It was wonderful, and I think anyone who listened must have thought the same.”

Or another:

“I wish to thank you for such good, sound, honest information.”

## EDDY BLAKE TRIES TO ENLIST

*A Social Hygiene Radio Play Prepared and Presented by the Division of Public Health Education of the New York State Department of Health.\**

### OPENING ANNOUNCEMENT

THE HEALTH HUNTERS, in the 87th of a series of plays, written, acted and produced by members of the staff of the New York State Department of Health, through its Division of Public Health Education—concerning the doings of the Hunter family and their friends and neighbors in the imaginary village of Utopia—their adventures in personal and community health.

Dr. Jones and Bess have been watching the Memorial Day parade and are walking toward the Hunter home where Dr. Jones has been invited for lunch. They meet Eddy Blake, whom many call the village "smart Alec."

EDDY: Hyah, Doc.  
DR. JONES: How are you, Eddy. You seem to be in a rush to go places.  
EDDY: I'm going to enlist in the Navy, if you must know. That man that made the speech this morning is the recruiting officer.  
DR. JONES: I see. Did you hear his speech?  
EDDY: Oh, part of it. I want to see him personally, though.  
DR. JONES: Too bad you didn't hear it all. It was a cracking good address.  
EDDY: I slept late this morning—never woke up 'til I heard the buglers.  
DR. JONES: Among other things he said they needed a few young men to enter special training. He must have a scholarship or something to offer. I didn't quite get the plan.  
EDDY: That's me—I'd like to be first officer on a battleship—or whatever they call 'em. So long, Doc.  
BESS: Why, Dr. Jones—Eddy Blake couldn't ever be a first officer—he'd oversleep and miss the boat. And anyway—

\* *Eddy Blake Tries to Enlist* is Episode 87 of the *Health Hunters* Series of radio plays which have been given each week for some years by the Department. The plays are copyrighted, and requests for their use in public presentation in any way should be addressed to the Division of Public Health Education, New York State Department of Health, Albany, New York. Electrical transcription records of this, Number 4106, and another social hygiene play, *A Tragedy in Utopia*, are available at a nominal cost for broadcasting or other purposes.

DR. JONES: (*Chuckling*) I've been trying to teach that young whipper-snapper something ever since his father died—but—

BESS: His father was in the Army—he was decorated for bravery, wasn't he? They didn't live here then, of course.

DR. JONES: Yes, his father was a good fellow, but his son isn't much like him.

BESS: Here we are, come on in. Lunch will be ready in a few minutes.

DR. JONES: Sounds good to me.

BESS: Bob's already home, it seems.

DR. JONES: Hello, Bob. How'd you get back ahead of us?

BOB: Oh, I drove the speaker over to the hotel. He's also the recruiting officer for the Navy, you know.

DR. JONES: Yes, so I heard from Eddy Blake.

BOB: Eddy Blake! What's he got to do with it?

DR. JONES: We met him up here—said he was going to enlist in the navy.

BESS: Yes, Bob, he wants to be first officer on a battleship!

BOB: Huh! He'd make a fine first officer on anything!

GUSTY: (*Comes in suddenly*) Hello, Mortimer. My land! What a day. I'm dead tired.

BESS: Aunt Gusty was chairman of the decorating committee, Dr. Jones, did you know that?

DR. JONES: No, I didn't, but I did notice how nice things looked up there in the cemetery.

AUNT GUSTY: Bess did as much of the work as I did.

BESS: Oh, no, Aunt Gusty!

DR. JONES: There was a wreath and a flag on every soldier's and sailor's grave, I do believe.

BESS: Oh yes, there was, of course. By the way, did you see old Major Scott?

DR. JONES: No, don't believe I did. He wasn't marching again this year, was he?

BESS: No, he wasn't, Dr. Jones—he said to let you know he wasn't too old to learn a trick or two.

DR. JONES: Well, he'd better, after collapsing the way he did last year. Gosh, I thought he was a goner that time, sure.

BESS: He said to tell you he could still "follow the flag," even if he was in an automobile.

DR. JONES: Fine! He's over ninety years old, and in better physical condition than Eddy Blake is today!

BOB: Why Eddy can't be much more than twenty, can he?

DR. JONES: No—no—Eddy is young enough in years, but old in experience.

BOB: Yes—I guess he is. He's made sort of a nuisance of himself on one or two occasions I know of.

GUSTY: Scrubbing decks every morning at six o'clock, might do him good. I'd just like to see him at it.

DR. JONES: Why, Gusty, do you know Eddy Blake?

GUSTY: I should say I do! Don't I teach a class of Girl Scouts every year?

DR. JONES: He isn't a member of your class, I hope, Gusty! (*Laugh*)

GUSTY: Apparently he'd like to be.

DR. JONES: What you gettin' at, Gusty?

GUSTY: Well, every time I take the girls out for a study-hike, as they call it, we run into Eddy Blake.

BOB: He goes hunting a lot, Aunt Gusty—had his dog with him, didn't he?

GUSTY: Yes, he did, but there isn't anything to hunt up there on the hill, except wild flowers, which is what we were hunting—but he wasn't invited.

DR. JONES: I see what you mean, Gusty, but I'd trust you to handle him, any time!

BESS: Lunch is ready, whenever you are, Dr. Jones—

DR. JONES: Me? Cricky—I'm always ready— (*Quick insistent knocking at the door*)

BESS: Oh—there's someone at the side door—excuse me a minute—it's probably the laundry—

EDDY BLAKE: How—do—Mrs. Hunter—I'm looking for Doc Jones—is he here?

BESS: Why yes—he is.

EDDY: Well, I want to see him right away.

BESS: All right, come in—he's in the living room—

DR. JONES: Hello, Eddy, want to see me, do you?

EDDY: Yes, I do.

DR. JONES: Well, here I am—what's up, did you see the recruiting officer?

EDDY: That's just what I want to see you about. They won't take me, and I want to know if you told that recruiting officer anything about me—if you did—

BOB: Sit down, Eddy. Take it easy. What's the excitement anyway?

DR. JONES: I haven't told the recruiting officer anything.

EDDY: Well, then—how did he know so much?

DR. JONES: He happens to be a doctor, as well as a Navy officer, Eddy, and he's had plenty of experience with young fellows that want to be admirals.

EDDY: Somebody's been telling him a lot of hooey—

DR. JONES: He didn't have to be told, Eddy.

EDDY: My father was in the Army, wasn't he, and an officer—and he got the War Cross besides.

DR. JONES: Yes, Eddy, your father was a real soldier but you can't ride in on your father's horse.

EDDY: Who said I could?

DR. JONES: You can't gather figs off thistles, you know, and—

EDDY: Oh, yes, I know. Go on, tell me about reaping what I sow—wild oats, and all that bunk—I'm sick of hearing it.

DR. JONES: You can't get into the Navy, or the Army either, Eddy, not at present anyway.

EDDY: I'm going to enlist just the same and you can't stop me!

DR. JONES: No, Eddy, I can't stop you—you've stopped yourself.

EDDY: Oh no, I haven't, I've just started—so long. (*Screen door slams*)

GUSTY: Nice polite fellow, Mortimer.

BESS: Do come to lunch—should I have asked Eddy Blake to have lunch with us, Dr. Jones?

DR. JONES: Cripes—no—he had no business coming here at all.

BOB: Looks to me as if he was trying to run away from something.

DR. JONES: Probably is, but the U. S. Army and Navy want men with clean bills of health, Bob. I was on the medical examining board for the last war—

BOB: Oh, were you, Doc? I didn't know that.

DR. JONES: No, I don't talk about it much. I've always felt kind of ashamed of some of the reports I was obliged to make. One young chap after another—physically unfit to serve the flag—physically unfit.

GUSTY: Looks as if you doctors have a war on your hands all the time, Mortimer.

DR. JONES: That's what I've been thinking, Gusty.

BESS: Well, Dr. Jones, it always comes back to my old theory, health education for everybody, young and old.

GUSTY: Who could educate Eddy Blake?—he's bad all through—

BESS: Oh, no, Aunt Gusty, nobody is bad all through—

BOB: Well, he's had an awful jolt today—mebbe he'll wake up—

DR. JONES: Mebbe—but I have my doubts—and anyway, I'm not particularly interested in making a soldier or a sailor out of him—I'm interested in making a healthy citizen out of him—

GUSTY: Well, you haven't got much to work on, if you ask me.

BESS: He's so young—I don't believe he's hopeless.

DR. JONES: You always were an optimist, Bess—even when you had the measles on circus day you said at least the parade went right by the house—

BESS: My, that was a long time ago, Dr. Jones.

ANNOUNCER: Well, lunch progressed leisurely and quietly—perhaps a bit more quietly than usual since both of the children, Bobby and Helen, were at a special children's party in honor of the Civil War veterans. Echoes of the Memorial Day celebration of the morning occasionally drifted into the house through the open windows—the marching steps of some detachment of soldiers, a bugle call sounding from the cemetery as the exercises there neared an end, a fife and drum corps returning home.

*(Fade in end of fife and drum parade record, continuing softly in background to end of play)*

DR. JONES: There go some of them home. *(Pause)* Sounds nice, doesn't it?

BOB: It sure does, Doc. *(Pause)*

DR. JONES: Well, I'm sorry to have to run away so soon, but I've got a call or two to make over on the hill—I certainly enjoyed that ginger bread, Bess. See you tomorrow.

BOB: O.K., Doc. *(Door) (Whistles, or hums a bar of America)*

EDDY: *(Sotto voce)* Doc.—Dr. Jones—

DR. JONES: What? Somebody speak to me?

EDDY: Yes, it's Eddy Blake.

DR. JONES: Oh—yes, yes—I didn't see you there under that tree.

EDDY: I've been waiting for you—

DR. JONES: Oh—

EDDY: I've been thinking things over, Doc.—I've got to get into the Navy—I want to.

DR. JONES: You can't—not now anyway, it's impossible.

EDDY: I know it, Doc—but I've been listening to that drum corps—the bugles—I've been seeing my father's uniform—and his medal of honor—*(bugle plays Assembly)*. Listen *(after call)* that bugle, Dr. Jones—it's calling me—I must—I've got to serve some way—

DR. JONES: There—there Eddy—you're excited and disappointed and possibly remembering a few things.

EDDY: Yes I am—but tell me—can't I qualify? Isn't there some way?

DR. JONES: Why certainly, Eddy—I've told you that. Haven't I tried to get you to take a different road? Gosh—

if you're really in earnest—and will do what I tell you—

EDDY: Can you—will you, Doc?

DR. JONES: Come on with me—I'm going to my office now—most things can be cured 'specially if we have the help of a drum corps, or something.

#### CLOSING ANNOUNCEMENT

We invite you to go with us for just a few moments today on a short flight of the imagination. Tomorrow is Memorial Day. Won't you imagine for a few moments that a tremendous Memorial Day has been set for observance by all of the nations which so comparatively few years ago engaged in the great World War?

All the countries are to unite, if only for one day, held together by a common bond—reverent respect for the memories of the nine million persons who died from the ravages of the great war. Suddenly throughout the length and breadth of every one of these lands, there arises a new and unexpected outcry—an insistent warning against a common enemy whose toll of lives goes far beyond even that of the World War.

"What of the Great Killer?" the nations' spokesmen cry. "The Great Killer—which slew twelve million of our people while those other nine million were giving their lives on World War battlefield? The great war is long since ended, but the Great Killer still kills—he is here—now—today! His insatiable appetite is still unwhetted. But you could make short work of him if you would! What about the Great Killer?"

Surely a challenge like that, if we may imagine such a situation among the once warring nations, would cause something like consternation among the people. A Great Killer among them now—a Great Killer that took a toll of twelve million lives while the World War was demanding nine!

But it seems the world is strangely unconcerned—or at least apathetic—over this constant loss of life. It is true, this was a purely fanciful picture of a great International Memorial Day. But there is nothing fanciful about the Great Killer and the toll it takes in human life.

What is this foe of mankind—this Great Killer? A disease, of course. Tuberculosis? No, nor heart disease, nor even cancer. It is one of the so-called social or venereal diseases.

The control of these venereal diseases, then, must be a matter of major moment. Indeed, Dr. Thomas Parran, Jr., says he is convinced their control offers the next greatest opportunity for an advance in general health.

"It is the most important unsolved problem facing us," he says.

Before the World War these diseases were generally regarded as something that should not be spoken of publicly. The necessity,

however, for recruiting millions of men for the army quickly tore away the veil of prudishness which had long surrounded the subject; and from that time on these diseases have come to be pretty commonly recognized as being on the same plane as all other contagious diseases.

This is the way, of course, Dr. Jones was looking at Eddy Blake's trouble in our play today and that is the way the State Department of Health wants everyone to look at this. Eddy Blake might have been helped very much if he had read some time ago the pamphlet on "Healthy Manhood," issued by the State Department of Health, cooperating with the United States Public Health Service. We should be glad to send copies of this pamphlet, or its common pamphlet "Healthy, Happy Womanhood," as long as the supply lasts. If you wish either of these publications, write on a postal card the words "Healthy Manhood" or "Healthy Womanhood" as the case may be. Send the card to the Division of Public Health Education, State Department of Health, Albany, New York, and we shall be glad to send copies free.

The play to which you have listened was one in THE HEALTH HUNTERS series, written, acted and produced by members of the staff of the New York State Department of Health, through its Division of Public Health Education. The author is Isabel Beardsley. Members in the cast were:

Dr. Jones.....	Dr. Paul B. Brooks
Bess Hunter.....	Dorothy Krebs
Bob Hunter.....	Donald Treanor
Aunt Gusty.....	Marion L. Peters
Eddy Blake.....	Thomas C. Stowell
Who directed and announced this program	

## CARRYING HEALTH FACTS TO INDUSTRY

RAY H. EVERETT, F.A.P.H.A.

*Executive Secretary, Social Hygiene Society of the District of Columbia*

Health talks to industrial workers are old procedures in the field of popular education, but of late they have not been used as extensively in the venereal disease campaign as their value warrants. In 1918 and the following two years, exigencies of the World War made it easy to secure entrees for any effort designed to keep men "fit to fight" and workers of both sexes fit to turn out more products used in warfare. With a return to peacetime conditions, however, came a return to the old taboo against reasoned discussion of syphilis and gonorrhea, and the promising educational drive soon lost momentum.

In Washington, D. C., the Social Hygiene Society has met with considerable success in reviving this form of service to industry adapting it to local facilities and needs. There are few heavy industries here, but a sufficient number of commercial establishments exist to warrant a continuing lecture service. The speakers give the facts regarding syphilis and gonorrhea simply, unemotionally, and with scientific accuracy. They emphasize the brighter side of the picture—the probability of cure and return to normal work and family relationships provided prompt, reliable treatment is secured. They outline the importance and value of routine tests and early, continued treatment for the expectant mother who, if infected, may bear a syphilitic child.

Time is money in most industrial organizations, so we make every effort to fit into their schedules. Lectures have been given as early as 6:30 A.M. and as late as 10:30 P.M. to meet the needs of automobile mechanics and cafeteria employees. Of the thirty to forty-five minutes usually allotted, approximately two-thirds are devoted to the talk and the remaining third to answering questions of general interest. Questions involving individual diagnosis or treatment are not answered, but the inquirers always are referred to medical services where such information is available.

Years ago in arranging school health programs the writer invited a prominent dentist to talk to a class of eight- and nine-year old pupils on care of the teeth. "Children," he said in introduction, "I am going to discuss for you the subject of oral prophylaxis." Bewildered looks were their prompt reaction to this technical term. The speaker knew his subject but not his audience. Clean teeth were within their ken; "oral prophylaxis" was Greek to them.

Most industrial audiences are similarly affected by the use of technical expressions. Even though the lecturer naturally prefers to employ a scientific vocabulary he must use understandable patois if his message is to carry. There is no use in discussing "Neisserian infections" or even "gonorrhea" without explaining such terms, if a majority of the listeners understand and think in terms of "clap." Likewise such expressions as "arsenical therapy" and "acquired through sexual contact" do not register with the thousands of workers whose education was gained in the first few school grades. As a rule they are familiar with "shots in the arm" or with "getting a disease by going out with someone who has it."

But perhaps this article can be of greater service by dealing with methods of industrial programs rather than contents. We shall outline therefore the main working bases of our service in the District of Columbia. Step by step the Society

- (a) Organized a volunteer lecture corps with the cooperation of both local medical societies (white and colored).
- (b) Circularized all local industries employing fifty or more workers.
- (c) Followed up the circularization with personal visits to those executives who showed interest.
- (d) Secured openings on labor union programs.
- (e) Arranged office consultations for workers who might want to discuss their problems confidentially.
- (f) Furnished literature in limited quantities but only on request.

When this industrial service was started in 1933 it was not enthusiastically received. In fact one may fairly say that it was barely tolerated. Now, however, we often receive appreciative letters and invitations for repeat lectures. An increasingly large number of lectures today are requested by industrial executives who have been converted to the plan by colleagues in whose organization lectures already have been given.

Sixty-nine lectures were given to employed men and women in 1935; audiences ranged in numbers from a low of 20 to a high of 160, listeners for the year totaling 6,740. From one plant employing 90 workers, seven sought our counsel within a few days after the lecture. Five were directed to treatment sources; the other two were in marital difficulties and asked aid in solving them.

In 1934 and 1935 we reached most of the large hotels, restaurants, dairies, laundries, cafeterias and other enterprises in which the

employees handle products used directly by the public. As Washington has no routine examination of food-handlers we found these establishments both interested and cooperative in using the lecture service. They appreciate particularly the stress laid by our lecturers on the need for and value of cleanliness, both personal and in business practices.

The speaker usually is introduced by a business executive, and emphasis is given to the point that the campaign is general, *i.e.*, that the talk is not being given because of any belief that the employees of this particular establishment are infected, but rather to aid them in protecting their health and that of the community. Employees are told about the various types of treatment facilities available—private physicians, part-pay hospital clinics and the free clinic of the District's Health Department. They are impressed also with the point that this is a public health campaign and that our lecturers think of syphilis and gonorrhea as they do of such other public health menaces as heart disease, cancer, tuberculosis, dental caries and blindness. We endeavor always to emphasize the curability of syphilis and gonorrhea particularly when treatment is secured early and from reliable sources. The major chain of drug stores in the city has cooperated wholeheartedly, and we have just conducted a second annual series of lectures for their managers, pharmacists, clerks and other employees. Periodical checkups on quackery and on the practices of drugstore counter-prescribing and treating in Washington assure us that these offenses against adequate therapy are much fewer here than in most large cities.

Many extemporaneous but practical remarks are made during the discussion period which follows each lecture. Such, for instance, was the excellent one-sentence sermon preached by a colored cafeteria employee to his fellow workers. Several of them had asked questions regarding how best to avoid disease while "playin' around." He sought the floor and said, "Boys, git yo'self a wife, stick to her, and cut out dis runnin' wild!" No laughter or scoffing greeted his advice, but a genuine round of applause.

Physicians, who volunteer for lecture service, do so with no thoughts of personal gain, but several have reported that members of their audiences seek them out as private patients in a number of instances. Only a week or two ago a young man phoned the Society's offices to ask the name and address of the "doctor who talked to us last year." He explained, "The men liked his lecture and I want to send a friend of mine to him."

No single incident would illustrate all the potentialities of our industrial service but the following case story is the best available example of applied and coordinated effort:

The client is a twenty year old girl, resident of the District of Columbia, whose young and irresponsible husband deserted her shortly after the birth of their baby. As a further handicap to her health and happiness he had infected her with syphilis. Fortunately she had secured some medical treatment in the little town where she

lived before coming to Washington, enough to make her temporarily non-infectious. But she was not cured.

When she came to the Society's offices after attending one of our industrial lectures, this girl had "a job" working in a restaurant where she was "making between \$9.00 and \$10.00 a week." She paid a kindly landlady \$3.50 of this for a room and for care of the child during working hours. She wanted to get cured and, above all, to be sure that her baby was free from the infection. But she could not arrange her work schedule so as to take advantage of the Health Department's free clinic service and, in addition, she feared the possibility of being seen there. "It might mean my job," she said.

Through the cooperation of an interested and experienced physician we arranged to have both mother and child examined and given the necessary laboratory tests. She was delighted that her baby was free from disease. She took bravely, the news that she, herself, must have further treatment, and arrangements were made whereby she could continue her cure at a hospital clinic by paying \$1.00 weekly.

When we last heard from her the baby was "fine," mother was "feeling lots better," and she was still holding that "job." Aside from encouragement and advice this girl has asked nothing from organized philanthropy either governmental or private. Despite disease and the economic hazards of recent years, she is a greater social asset to-day than are thousands better circumstanced.

Both the educational and survey work of the Social Hygiene Society are carried on in full cooperation with the District Health Department, and the chief of the Health Department's Venereal Disease Clinic often has told us that our lecture service aids in bringing many infected persons to his clinic for examination and such treatment as is indicated. This official commendation together with the growing appreciation of business executives and the approval of organized medicine in the city, furnish valid reasons, we believe, for the continuance of the industrial lecture service. Inasmuch as Washington is not an industrial city it would seem that demonstrations in larger centers of industry would show this type of public health education to be one of the most effective in promoting the control of syphilis and gonorrhea. But we are confident that it is of even greater value in its preventive effects, as our lecturers emphasize the dangers of extra-marital sex contacts, and the values of prophylaxis and early treatment for those who "take a chance." As for the expense involved, it is but a tiny fraction of the cost incurred by tax-payers in caring for the heavy burdens imposed on them by neglect of venereal disease control. If we can aid in bringing babies into the world free from the taint of syphilis; if we can prevent some of the blindness, heart disease and other conditions due to uncontrolled syphilitic and gonorrhreal infections; if we can save some of the victims now filling our mental institutions—then indeed will the few hundreds of dollars spent on public information prove a sound humanitarian investment.

## EDITORIALS

### SOCIAL HYGIENE EDUCATION MARCHES ON

In publishing this number of the *JOURNAL OF SOCIAL HYGIENE* on health education\* we have had in mind two things: first, to present some outstanding facts concerning recent developments and progress in this important field of popular health instruction; second, to bring these facts and other useful information together in convenient form for current and permanent reference.

This is in line with the policy which has always governed the selection of material for *JOURNAL* publication, to try consistently to call attention to new angles and aspects of the social hygiene scene, and to delineate these against the background of past events and future possibilities so that the whole picture will fit together. The practical value of this plan we believe is proved by the constant use which is made of the *JOURNAL* as reference material, in addition to its function as a magazine-of-the-month. Libraries, both public and special-interest, seem to appreciate this reference service particularly, if we may judge by the requests received regularly for previous numbers of the magazine containing data on some special topic. To facilitate the handling of these library requests and the many others received, a special bibliography on recent *JOURNAL* articles was prepared a short time ago, and it is hoped to expand still further the reference list developed in this way. (The current list is Pub. No. 977, available without charge.)

It is gratifying to be able to show in the present issue definite evidence of progress in public education, as indicated in the various articles and items, and to be able through these to add to the equipment and information of social hygiene workers.

### SURGEON GENERAL PARRAN

It has been the pleasure and good fortune of the American Social Hygiene Association to work in close cooperation with

\* See also a previous *Health Education* number, November, 1934.

the U.S.P.H.S. and the distinguished Medical officers who have served as Surgeon General since the Organization of the Association in 1914. It is with particular pride and pleasure, however, that we welcome the President's appointment of Dr. Thomas Parran, Jr., on the retirement of General Cumming at the end of his long and brilliant administration of the Service.

From the point of view of the Association's members no selection could have been more fortunate. Dr. Parran's education and training, his extensive field experience in rural as well as urban health work, his tactful and vigorous development of the Division of Venereal Diseases of the Public Health Service while Assistant Surgeon General, and his remarkable administration of the Health Department of New York State, have qualified him to be a worthy successor to those who have held this high position of steadily increasing responsibility for the leadership and guidance of public health in the United States.

Just now, when this country is beginning a new series of efforts in behalf of social security and health conservation, and the nations of the World are coming into closer contact in all matters including protection of health and welfare, Dr. Parran's appointment is of special significance. His intimate acquaintance with health authorities and conditions abroad and his personal acquaintance with official and lay groups at home assure him of active support for the program he and the able officers and staff of the Service have in hand.

As a member of the Association's Board of Directors and President of the American Public Health Association among his many affiliations with voluntary agencies, Dr. Parran has pressed for recognition of syphilis, as our next great point of attack in public health protection. At the same time he has seen the importance of education and environmental protection in relation to social hygiene problems particularly with reference to marriage and family life. We congratulate Dr. Parran and the Nation upon his selection and offer every possible assistance in those parts of the Government's program in which we may be of service.

## NEWS AND ABSTRACTS

**The Venereal Disease Education Program of the Works Progress Administration.**—The office of the national Works Progress Administration sends us from Washington an outline of the "working procedure" suggested to state WPA agencies for informing both the general public and professional groups as to the need for and means of preventing and controlling syphilis and gonorrhea. State or local departments of public health or similar public bodies or agencies are suggested as sponsors, and recommended personnel includes a qualified supervisor (who should be trained in venereal disease work) a qualified lecturer, a photographer and other technical assistants such as artists, writers and printers and office assistants. The schedule lists in detail necessary facilities, equipment and materials, and mentions the responsibilities proposed for the supervisor and other personnel in regard to development and execution of exhibits, pamphlets, posters, newspaper advertising and publicity, as well as lectures and motion picture showings. Institutions, schools and camps using these materials and facilities are required to guarantee against loss and also pay transportation costs.

It is hoped that the result of this recommended program will be a general stimulation of interest among both physicians and laymen in the subject of venereal disease control. The "procedure" sheet includes a note, stating that "the existence and spread of venereal diseases is largely due to public ignorance and an educational program of this nature would remove a great obstacle to the progress of public health and also aid in the suppression of prostitution and attendant social evils."

The Association is informed by Mrs. Ellen S. Woodward, Assistant Administrator of the federal Works Progress office, that the extent of this work going on at this time cannot be definitely stated, because of its inclusion in the more general health programs of the states and consequent lack of isolated reporting on special activities. Many of the State WPA agencies have applied directly to the Association for materials and other suggestions in carrying out their programs.

**Annual Meeting of the American Neisserian Medical Society.**—The second annual meeting of this group will be held on Monday, May 18th, at the Hotel Statler, Boston. The program will include morning, afternoon and evening sessions, with a business session and election of officers for the ensuing year. Among the speakers will be Dr. M. L. Brodny of Boston, Dr. C. M. Carpenter and S. L. Warren of Rochester, who will give addresses at the morning session, the papers of Drs. Carpenter and Warren being illustrated with moving pictures in colors. Dr. Hans Zinsser will be the guest speaker at the afternoon session, his subject being *To What Extent*

*Can a Bacteriologist Contribute to the Control of Venereal Diseases?* Reports of the various committees will be submitted by the chairmen, and there will be discussion and action on several questions: such as methods of obtaining funds for encouragement of research on the gonococcus and gonococcal infections; work programs for the ensuing year. The evening session will be a dinner meeting, when the Neisserian Medical Society of Massachusetts will be host.

Since the founding of this society in June, 1934, with 115 charter members, the Executive Committee states that considerable evidence is apparent of an awakening consciousness of the need for serious study of the many problems relating to gonorrhea. Over a hundred new members have applied for membership since the last annual meeting.

The officers for 1935-36 are: Honorary president, Edward L. Keyes, M.D.; president, P. S. Pelouze, M.D.; vice-president, Thomas Parran, Jr., M.D.; secretary-treasurer, Oscar F. Cox, M.D.; executive committee (in addition to the foregoing) Drs. Walter Clarke, R. D. Herrold, N. A. Nelson, S. L. Warren.

**Women's City Club of New York Opens Drive on Syphilis and Gonorrhea.**—The campaign against New York City's problem with these dangerous diseases acquired new and influential cooperation, when this important club group, at its headquarters at 22 Park Avenue, recently opened an exhibition of posters, charts and pamphlets designed to illustrate the high toll now exacted by venereal diseases, and to enlist the support of women in efforts to combat them. Additional emphasis was given to the exhibit's significance by frank and dignified reporting in the daily press. We quote from the *New York Times* of April 2nd, both as illustrating this point, and giving further description of the project. Under the headline *Women Open Drive on Social Diseases*, the *Times* says:

A militant campaign to impress upon the public that more than 1,000,000 persons are suffering from venereal diseases in this city and to urge the necessary educational measures to reduce the present ravages of syphilis and gonorrhea was opened yesterday at the Women's City Club, 22 Park Avenue.

The public health committee of the clubs, as the first move in the campaign, opened an exhibition of posters, charts and pamphlets to illustrate the high toll now exacted by venereal diseases.

Dr. Emily C. Seaman, chairman of the committee and former instructor of physiological chemistry at Teachers College, Columbia University, explained that the exhibition was designed to enlist the support of women to combat venereal diseases.

"It is time we women did our part to shatter the very dangerous tradition of prudery, silence and ignorance which has grown up about venereal diseases," she said. "We feel women should become interested and intelligent about this vital subject, the most important health problem now confronting the American people."

A tea and reception accompanied the official opening of the exhibition. Dr. Walter Clarke, director of the Bureau of Social Hygiene of the New York City Department of Health, and members of the Newspaper Women's Club were among the guests of honor.

The theme of most of the posters in the display is that venereal diseases can be sharply reduced if the proper measures are taken for the care of sufferers. One poster explained that it is estimated that a total of 378,000 persons are suffering from syphilis and 756,000 from gonorrhea in this city at the present

time. Next to influenza, venereal diseases present the most frequent medical cases, another poster showed.

**Health in a New Mexico Program of Adult Education.**—Speaking before a State Conference on Adult Education held at the University of New Mexico, Dr. J. R. Earp, State Health Commissioner, made some pungent comments on local social hygiene education possibilities and problems. We quote his remarks in part:

Health is taught under two main subdivisions: personal and public. I should like to urge that adult classes be taught from the point of view of public health. In the first place there is a great deal of unimportant and even misleading doctrine associated with personal hygiene. In the less modern textbooks of public health there can also be found some doctrines which had better be forgotten but on the whole it is true that public health is founded upon those scientific branches of medicine which have been thrust upon a somewhat reluctant profession by such men as Koch, Pasteur, and Flügge in the last fifty or sixty years.

My second reason for preferring this branch of my subject is a mental hygiene reason. Public health is extroverting—it gives people an enthusiasm directing their emotional lives outwards. Personal hygiene, on the other hand, is introverting and may lead some morbidly disposed individuals to hypochondria. The difference between these two methods of approach will be quickly realized if you try to teach sex hygiene. If you treat the subject personally both you and your class will soon become confused in embarrassment. But if you teach sex in its relation to social welfare, community health, and racial hygiene, you will be surprised how easily you can speak to a mixed group without any embarrassment whatever.

Granted that we should teach public health, what special aspects of this subject are of most importance to us in New Mexico? The findings of our recent health survey disclose that there are at least 21,000 cases of active syphilis in the state and that on a given day (December 1, 1933) only 1,011 were under medical care. Fortunately we can teach freely about the venereal diseases both in the newspapers and over the radio in New Mexico. In this respect we are more fortunate than some of the backward states. However, it is interesting to note that, while our newspapers will publish facts on the pathology of sex, they will not print material on sex physiology. There is thus a special place for the dialectic teaching of sex hygiene.

Another subject which cannot be taught in the newspapers is the danger of secret remedies. This is one that should prove quite interesting in an adult class. It is important to stress the serious loss of resources and even more serious loss of time which results from buying secret remedies for tuberculosis, cancer, and the venereal diseases instead of consulting a competent physician.

In conclusion Dr. Earp urged the reorganization of the state committee on health education, which was formed two years ago with representatives of voluntary and official health agencies, churches, clubs and educational organizations. He also called attention to the fact that the state now has ten full time district health officers, each of whom is not only a physician but a specialist in public health, and urged the use of their services, and those of public health nurses, for information and instruction in health matters. That Dr. Earp practices what he preaches is apparent from the numerous educational items and articles which find their way to the New Mexico public through the newspapers, as witness the photograph in Plate I.

#### NEWS FROM OTHER COUNTRIES

**International Health Education for Seamen.**—At the 1935 meeting of the Union Internationale contre le Peril Venerien, held at Budapest, Hungary, September, 1935, announcement was made of the results of the international contest sponsored by the Union during the past year for the purpose of securing a poster warning seamen of the dangers of syphilis and gonorrhea and informing them where treatment may be obtained. Agency members of the Union had held national contests, and submitted at this time some twenty examples of poster art, for final choice by the delegates attending the meeting. The prize, about \$100, was awarded by majority vote to poster number 20, the work of André Hollos, a Hungarian. A reproduction appears in Plate IV. It is intended that the poster will be widely distributed in port cities and that the lower part of the sheet will carry information as to clinics and dispensaries in the city concerned. All inquiries concerning the poster and means of procuring it should be addressed to the Secretary, Union Internationale contre le Peril Venerien, 25, Boulevard Saint-Jacques, Paris.

The American Social Hygiene Association, as the United States member of the Union, submitted three posters in the contest.

## A FEW REFERENCES ON MEDICAL AND PUBLIC HEALTH ASPECTS OF SOCIAL HYGIENE AND POPULAR HEALTH EDUCATION

### Public Health Aspects of Social Hygiene

KEYES, E. L. *Present Status of Venereal Disease Prophylaxis.* A.S.H.A. Pub. 816. 10c.

PUSEY, W. A. *The History and Epidemiology of Syphilis.* Thomas, Baltimore, 1933. 113 p. \$2.

Report of Advisory Committee to the U. S. Public Health Service. *Recommendations for a Venereal Disease Control Program in State and Local Health Departments.* Venereal Disease Information, January 1936. 5c.

SNOW, WILLIAM F. *Venereal Diseases: Their Medical, Nursing and Community Aspects.* New York: Funk and Wagnalls, 1936. 59 p. 30c.

STOKES, JOHN H. *The Public, the Doctor, and the Syphilis Problem.* A.S.H.A. Pub. 960. 10c.

WINSLOW, C.E. A. *The Social Hygiene Problem—Today and Tomorrow.* A.S.H.A. Pub. 832. 10c.

See also *Industrial Number, JOURNAL OF SOCIAL HYGIENE*, December 1932. 35c. *Syphilis and Economics Number, JOURNAL OF SOCIAL HYGIENE*, October 1932. 35c.

### Popular Health Education

EDWARDS, MARY S. *Popular Health Education in Simplest Terms.* A.S.H.A. Pub. 891. 10c.

PINNEY, JEAN B. *Social Hygiene Education in a City of Medium Size.* A.S.H.A. Pub. 854. 10c.

CLARKE, WALTER. *Notes for a Popular Talk for the General Public on Syphilis and Gonococcal Infections.* A.S.H.A. Pub. 899. 5c.

EXNER, M. J. *What You Should Know About Social Hygiene.* A.S.H.A. Pub. 961. 10c.

See also *Health Education Number, JOURNAL OF SOCIAL HYGIENE*, April 1936. 35c.

*Classified List of Social Hygiene Pamphlets.* A.S.H.A. Pub. 966. Free on request.

### Diagnosis and Treatment of Syphilis

STOKES, J. H. *Modern Clinical Syphilology.* Philadelphia: Saunders, 1934. 1400 p. \$12.

HARRISON, L. W. *Diagnosis and Treatment of Venereal Diseases in General Practice.* Oxford: London, 1931. 567 p.

MOORE, JOSEPH E. *The Management of Syphilis in General Practice.* U. S. Public Health Service. 10c.

SCHAMBERG, J. F., AND C. S. WRIGHT. *Treatment of Syphilis.* New York: Appleton, 1932. 658 p.

Cooperative Clinical Studies. Published in Venereal Disease Information, Washington, beginning in February 1931, and appearing in subsequent issues, 1931-1934.

### Congenital Syphilis

EXNER, M. J. *Prevention of Prenatal Syphilis.* American Journal of Nursing. 10c.

JEANS, P. C., AND J. V. COOKE. *Prepubescent Syphilis.* (Vol. 17 of Clinical Pediatrics.) New York: Appleton, 1930.

SCHAMBERG AND WRIGHT. *Congenital Syphilis.* U. S. Public Health Service. 10c.

See also "Syphilis" above.

**Diagnosis and Treatment of Gonorrhea**

BRUNET, W. M., AND R. L. DICKINSON. *Gonorrhea in the Female*. U. S. Public Health Service. 5c.

KEYES, EDWARD L. *Urology*. New York: Appleton, 1928. 763 p.

PELOUZE, P. S. *Gonococcus Infection in the Male*. U. S. Public Health Service. 5c.

Report of the Committee for Survey of Research on the Gonococcus and Gonococcal Infections. Supplement to American Journal of Syphilis, Gonorrhea, and Venereal Diseases. January 1936.

See also Harrison under "Syphilis".

**Nursing and Social Service Aspects**

CRAIN, GLADYS, R.N. *Nurse in Control of Syphilis and Gonorrhea*: Series of 9 papers. Massachusetts Department of Health. 10c.

EXNER, M. J. *Value of Instructing the Syphilis Patient*. U. S. Public Health Service. 5c.

MCCORKLE, MAE D., R.N. *A Curriculum Study in Social Hygiene For Nurses*. 65c.

STOKES, J. H. *Dermatology and Syphilology for Nurses*. Philadelphia: Saunders, 1930. 311 p. \$2.50.

**Statistical, Historical, et cetera**

KEYES, E. L. *Present Status of Venereal Disease Prophylaxis*. A.S.H.A. Pub. 816. 10c.

PARRAN, THOMAS, JR. *Syphilis from the Epidemiologist's Point of View*. American Journal of Public Health. February 1932.

USILTON, L. J. *Trend of Syphilis and Gonorrhea in the United States*. Based on Treated Cases. Venereal Disease Information. May 1935.

See also Jeans and Cooke under "Congenital Syphilis".

**Journals**

American Journal of Syphilis, Gonorrhea, and Venereal Diseases.

Journal of the American Medical Association.

Journal of Social Hygiene

Venereal Disease Information.

**Exhibits (Illustrating Medical and Public Health Aspects of Syphilis and Gonorrhea)**

*The Treatment of Syphilis*. Based on the Cooperative Clinical Studies. Series of 24 charts (Small set 30 cents, large set on loan).

*Gonorrhea in the Male*. Charts by E. L. Keyes, M.D. (Set of 8 small charts, 10c.; set of 13 large charts on loan).

*Social Hygiene and Family Case Work*. Set of 10 charts. (Black and white, unmounted 17 x 22 inches, \$1; colored and mounted, \$5; miniature sets, 8½ x 11 inches, 10 cents. Large sets on loan).

*Social Hygiene in Industry*. Set of 6 posters, \$1.75 (Also on loan).

*Congenital Syphilis*. Charts and photographs (On loan).

*Cardiovascular Syphilis*. Charts and photographs (On loan).

*Darkfield Diagnosis of Primary Syphilis*. Charts and photographs (On loan).

*Recent Advances in the Attack Upon Syphilis and Gonococcal Infections*. Charts and photographs (On loan).

See also *List of Social Hygiene Motion Pictures*. A.S.H.A. Pub. 980. (free)

**For other bibliographies ask for**

**Pub. No.**

*A Classified List of Social Hygiene Pamphlets*..... 966

*Books on Social Hygiene*..... 969

*Social Hygiene and the Nurse*..... 945

*Mental Hygiene Reading and Reference List for Social Hygiene Workers*..... 956

## ANNOUNCEMENTS

**Last Month.**—The March JOURNAL on *Marriage and Family Life* is proving one of our most popular issues. . . . In case you have not seen it, contents include: a short story, *No Right to Marry*, by Margaret Culkin Banning. . . . Dr. Henry Neumann's answer to the perplexing question "why be faithful in marriage?", which he calls *Marriage and Morals*. . . . *Mate Selection Standards of College Students and Their Parents*, by Ray Erwin Baber, gives the viewpoints of two generations. . . . And Dr. Robert G. Foster sets up an excellent measuring stick for family counseling services in *Is Family Counseling a Profession?* A special feature is a selected list of *Reading References on Marriage and the Family*. (free) *Reprints of most of these are available for 10 cents each, but we think you'll want the whole number. 35 cents a copy.*

**And Before That.**—Orders are still coming in for the *Report of the Conference on Education for Marriage and Family Social Relations* which made up the January JOURNAL. Libraries in particular seem to like this number. Why not purchase an extra copy for your neighborhood librarian? Or your church library? Or your high-school principal? *35 cents a copy. 3 copies for \$1.00, or \$3.00 per dozen.*

**This Month.**—We expect a good many people are going to want additional copies of this number for immediate use as well as permanent reference. We shall have reprints of the articles by Mr. Stowell, Mr. Everett, and of the radio play. *10 cents each. The whole number, 35 cents per copy, as usual.*

**Next Month.**—The May JOURNAL is planned as a special number on *Childhood and Youth*. There will be articles on child health—particularly as regards congenital syphilis—on recreation environmental questions, on parent education and other helpful topics. *Please let us know early if you wish extra copies.*

**For June.**—We present the *Fourth Annual Library Number*, with useful articles, book reviews and bibliographies. Last year we ran out of this number before it was hardly off the press. So order early to avoid dis-

appointment. This is another number your librarian, whether public, or otherwise, will appreciate.

**For Librarians and Others, Too.**—We'd like to say a word about our *Library Membership Service*. Some people seem to think it is open only to libraries and librarians, but the fact is that we welcome the opportunity to provide anyone—individual or agency—with this service if desired. The dues are \$3.00 yearly, \$1.00 more than the annual active membership dues. For the extra dollar *Library Members* are entitled to: a specially selected set of pamphlets, sent on receipt of membership application; and to new publications *automatically as issued*; to library discount on books purchased, instead of the usual 10% to members; to use of the package library service, which provides a neatly boxed loan collection of books, without charge except for transportation; and, of course, the JOURNAL and NEWS monthly. Several hundred *Library Members*—with new ones coming in all the time—indicate that they think the service a good bargain by renewing year after year. Dues are payable directly to us or through the magazine subscription agencies. If you are already an active member and would like to secure the *Library Membership Service*, just send us another dollar, and we will make the transfer.

**Those Newspaper Articles.**—In response to numerous requests, the Association is prepared to make available copies of most of the newspaper material described in this issue of the JOURNAL. We have full-size reprints of the *Chicago Sunday Tribune* articles. *The set of three, 20 cents. For free distribution* we offer sample copies of a poster showing social hygiene cooperation from newspapers all over the country, and of the four-page reprint *Plain Talk*, issued by the New York City Department of Health and containing three of the series of eight articles which appeared in the *New York Daily News*. All of these articles are reprinted in a booklet *Venereal Diseases and Prophylaxis* which may be secured from the *Daily News*, at 220 East Forty-Second Street, New York, for *5 cents a copy, postpaid*. We are glad also to loan material for special needs from our collection of newspaper clippings.

THE AMERICAN SOCIAL HYGIENE ASSOCIATION has been since 1914 the national voluntary agency for social hygiene. Its purpose is to encourage, strengthen and preserve American family life, by such means as

Health Protection—through prevention and treatment of the health enemies syphilis and gonorrhea

Good Environment— influenced by provision for wholesome use of leisure time, exclusion of degrading amusements and repression of commercialized prostitution

Successful Living—amplified and safeguarded by sound sex instruction and education for marriage and family relations

The Association is glad to aid and advise all agencies and individuals interested in working towards these objectives, and seeks their cooperation in planning and carrying out the national program. The organization is supported entirely by voluntary contributions and membership dues, which come from every part of the country. Membership privileges include: the monthly JOURNAL OF SOCIAL HYGIENE; the SOCIAL HYGIENE NEWS; copies of pamphlets (on request); 10% discount on books in our selected list; library loan and reference privileges; advisory service from the staff.

**Annual dues, \$2.00. Library membership service, \$3.00.  
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PUBLISHED MONTHLY EXCEPT JULY, AUGUST AND SEPTEMBER  
AT 372-374 BROADWAY, ALBANY, N. Y., FOR

THE AMERICAN SOCIAL HYGIENE ASSOCIATION

EDITORIAL OFFICES

50 WEST FIFTIETH STREET, NEW YORK CITY

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The *JOURNAL OF SOCIAL HYGIENE* is supplied to active members of the American Social Hygiene Association, Inc. Membership dues are two dollars a year. The magazine will be sent to persons not members of the Association at three dollars a year; single copies are sold at thirty-five cents each. Postage outside the United States and its possessions, 50 cents a year.

Entered as second-class matter at post-office at Albany, N. Y., March 23, 1922. Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized March 23, 1922.

Published monthly (nine issues a year) for the Association by the Boyd Printing Company, Inc., 372-374 Broadway, Albany, N. Y.

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# Journal of Social Hygiene

VOL. 22

MAY, 1936

NO. 5

Childhood and Youth Number

## THE NEWEST GENERATION

SOME OF ITS HEALTH RIGHTS AND WRONGS, AND WHAT  
CAN BE DONE ABOUT THEM

WILLIAM F. SNOW, M.D.

*General Director, American Social Hygiene Association*

**EDITOR'S NOTE:** *This material has been assembled from many sources, and is submitted by Dr. Snow for your comments and suggestions. Is it interesting and effective? Is it too long or too short, too general or too specific? What would you add or subtract to make it acceptable for reprinting as one of the Association's stock pamphlets? Or should the subject be presented in an entirely different way? We are constantly asked for pamphlets on such subjects for laymen, and shall appreciate the help of JOURNAL readers in determining how best to meet these requests.*

In an average year the baby crop in the United States totals around two million.\* Red and wriggling, and usually yelling lustily, for being born is hard work, they struggle into the world to join the hundred and thirty million of us already here, and with good luck, to make their way through the joys and sorrows of childhood and youth to the deeper satisfactions and perplexities of maturity.

Circumstances of every imaginable variety, ranging from

\* In 1933, 2,081,832; in 1934, 2,158,919.

the highest to the lowest extremes of life, surround the births of these babies. They see the light of day in walk-up cold-water tenements of crowded slum districts, and in luxurious pent-houses; in city hospital wards and in fashionable lying-in homes; in comfortable valley farm-houses and primitive mountain cabins. Occasionally one is born on the wing, so to speak, in an ambulance or a bus or on a subway train.

But whatever their estate in life, rich or poor, high or low, town or country, this newest generation has the right to at least one common heritage—that of health.

Medical science in recent years has devised such effective ways of protecting child health that many more babies now receive this heritage than formerly. From the moment that the doctor drops nitrate of silver into the eyes of the newborn baby to prevent "sore eyes" or *ophthalmia neonatorum*, as it is scientifically known, and possible blindness,\* safeguards are thrown around the young child's health, even in remote rural areas where perhaps the only medical adviser is the Negro midwife or the district public health nurse. Thanks to clean milk and clean water, to more intelligent feeding, and to such special preventive measures as vaccination and diphtheria anti-toxin, a baby's chances to survive the vicissitudes of childhood and grow up healthy and strong are much better than they were a generation ago. And as new means of prevention and protection are constantly being developed, it is likely that this happy situation will become even better. Eventually, science may even devise methods of preventing infection from the "childhood diseases" of measles, mumps, whooping-cough and other infections which for long were thought unavoidable and more-or-less harmless health hazards, though we now know how frequently they leave behind them permanent and serious health impairments.

The eagerness with which most mothers and fathers seize upon every opportunity offered to insure a heritage of health for their children is evidence of their intention to be good parents and to provide the best possible start in life for the

\* According to statistics furnished by the National Society for Prevention of Blindness, blindness among babies from *ophthalmia neonatorum* has been reduced by practically 75 per cent by use of this prophylactic measure.

new generation. Curiously enough, however, parents and doctors themselves have been slow to pay attention to the means of preventing one of the most serious and dangerous diseases which casts its shadow over child health, and which, more insidious than any other infection, preys upon the baby even before it is born, and is responsible for the death of many children who do not long survive birth. This disease is congenital or prenatal syphilis.

#### *What is the nature of prenatal syphilis?*

Syphilis, while becoming increasingly recognized by the public as a dangerous health enemy, is still not understood by many people. This is particularly true of prenatal syphilis. Few persons realize that this is the largest single cause of thousands of early infant deaths, stillbirths, and miscarriages.

The majority of these infected babies who are born alive die early in childhood. Wasted and deformed bodies, skin rashes, ugly sores, disfiguring teeth, blindness, deafness, paralysis, impaired mentality, and other manifestations similar to those which appear in the adult forms of the disease are their lot. These cases are especially distressing because such signs and symptoms can not be distinguished by parents from those caused by other diseases. This confusion often leads to unnecessary worry and unfortunate results; on the other hand it frequently results in ignoring the conditions, to the serious detriment of the children concerned.

These tragedies are needless—because prenatal syphilis can be prevented; and even after infection has occurred cure may be achieved.

#### *How prevalent is it?*

Figures collected in 1935 from 268 United States clinics with 219,659 patients indicate that 6 per cent of white women and 18 per cent of Negro women were infected with syphilis. It has been estimated that one to two per cent of all living children have syphilis contracted before birth.

Figures for private practice are difficult to obtain. It appears, unfortunately, that in private practice even less generally than among clinic patients are women given examinations sufficiently thorough to include the necessary scientific tests for syphilis. Unless the history and clinical findings point to syphilis as a probability, many physicians are reluctant to give adequate tests for fear they may offend their private patients. A recent inquiry indicated that only about one-half of physicians made a routine blood test of every pregnant woman. Positive cases ranged between 0.5 and 3.5 per cent in the practices of this group of physicians.

Prevalence figures are apparently influenced by social, economic, and racial differences.

BUREAU OF CENSUS - U.S. DEPT. OF COMMERCE	
LATEST FIGURES	
Stillbirths	78,436
Infant deaths under one year	129,400
Miscarriages	?
Total	207,836+

### *How does the child become infected?*

When a woman has syphilis, the tiny spiral organisms of the disease circulate in her blood. If she becomes pregnant, the germs reach the placenta, and find their way through the thin walls of the placental blood vessels into her child's body. The baby thus becomes infected with syphilis. This takes place usually about the fourth or fifth month of pregnancy.

After the baby becomes infected, one of three results may occur:

1. The baby may be so poisoned by the syphilis germs that further life and growth are impossible. The child dies in the womb and is expelled as a "miscarriage."
2. If a miscarriage is avoided, though the baby may continue to live in the womb for some time, the accumulation of syphilis poisons causes stillbirth. If, by chance, he is born alive (prematurely or at full term) the odds are against survival beyond early infancy.
3. The most tragic possibility of all is that the child, though apparently born healthy, may develop the symptoms of syphilis weeks, months, or years later.

### *How can infection be prevented?*

The best assurance of a healthy child is, of course, healthy parents. Eventually, through the education of individuals and the public to a wider understanding of the dangers of syphilis, this may be achieved. Meanwhile, diagnosis, treatment, and *cure* of syphilis in adults *before* they become parents is the best means of preventing transmission of the disease from infected persons to their children.

A healthy child may even be born of syphilitic parents. If syphilis is discovered and treatment with arsphenamine and other recognized drugs is begun during the first three months of pregnancy and continued until delivery, infection of the baby can be prevented in more than 95 per cent of cases. If treatment is not started until the fourth

or fifth month of pregnancy, there is still a very good chance of a healthy baby. No stage of pregnancy is too late for something to be done.

Treatment measures are the best means at hand to stamp out prenatal syphilis. These are recommended and practiced by the leading obstetricians and prenatal clinics in America, but are not as widely known and used as they should be.

The dropping of silver nitrate in the eyes of newborn children to prevent *ophthalmia neonatorum* from gonorrhreal infection of the eyes has become routine. We should be as thorough in the detection and treatment of syphilis in pregnancy. "Has she had a blood test?" should be the first question asked regarding a pregnant woman, no matter what her status in society. If the blood tests shows the existence of syphilis clinical examination and the treatment necessary should follow. Further blood and other tests at intervals during the course of pregnancy may be deemed prudent by the physician.

#### *Is cure possible?*

From the mother's point of view, it has been found she stands anti-syphilitic treatment as well, or better than the syphilitic woman who has not been pregnant since infection.

From the baby's point of view, treatment of the mother before confinement is worth far more than that given to the baby himself after birth. But congenital syphilis may sometimes be cured in childhood if treatment is begun early enough and carried out systematically and thoroughly, though a long period is usually required.

The important thing to remember is that an infected child should be seen regularly by the doctor, who can often detect some new disease development and by prompt preventive treatment avoid much suffering. If a private doctor cannot be afforded, children can be taken to the nearest Well Baby Center or Clinic.

When a child is found to have syphilis the mother and father should be examined and treated if necessary. Thus the infected parents may be enabled subsequently to bear healthy children. The brothers and sisters of congenitally syphilitic children should also be brought under medical observation. They too may be victims of the disease.

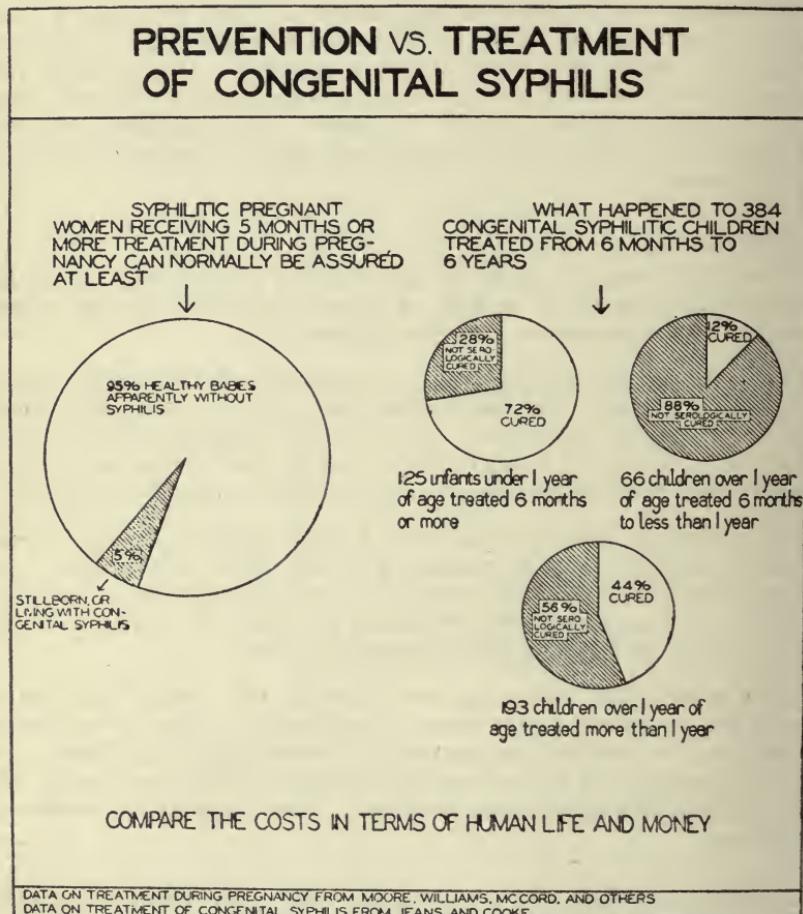
#### *If syphilitic mothers are not treated, what proportion of children will escape infection?*

The outcome of untreated syphilis in pregnancy is well established. Of such pregnancies 25 to 40 per cent result in miscarriage or still-births. From 30 to 40 per cent of pregnancies result in living but syphilitic children. Only 15 to 17 per cent of syphilitic pregnancies result in children who are non-syphilitic. In other words, a syphilitic woman, untreated, has only one chance in six of bearing a live,

healthy child, as compared with nine chances out of ten if she has proper treatment.

*What scientific data exists to show the results of treatment?*

It is extremely difficult to cure *untreated* cases of infected children who escape miscarriage, stillbirths and consequently survive birth. The experience of Doctors Jeans and Cooke, who report\* the results of treating 384 cases of congenital syphilis, bears testimony as illustrated in the chart entitled *Prevention vs. Treatment of Congenital Syphilis*.



The youngest group showed the best results. When treatment was begun when the child was under one year of age, 72 per cent were cured. When treatment was not begun until a year had passed, and was limited in quantity, only 12 per cent were cured. But when this

\* Jeans, P. C. and J. V. Cooke. *Prepubescent Syphilis*. (Vol. 17 of Clinical Pediatrics) New York: Appleton, 1930.

latter group could be kept under treatment more than a year, the number of cures rose to 44 per cent.

*How widely are the known methods of examination, diagnosis, and treatment used?*

Although progress has been made in encouraging the use of the Wassermann and other tests, many general practitioners and even some prenatal clinics still fail to employ these blood examinations. However, the opinion is expressed that clinics, private practitioners, and especially obstetricians, are more commonly using them now than a few years ago.

In fact, a recent inquiry among prenatal clinics revealed that 93 per cent made a routine blood test upon every woman patient, as against 42 per cent of clinics following this procedure in 1925. This study also showed that of 82 physicians in private obstetrical practice only 51 per cent made a routine blood test on every pregnant woman patient.

Cases, if discovered, can usually secure treatment. In the United States, facilities exist in almost every sizeable community for free diagnosis and treatment of indigent sufferers from syphilis. In rural sections in many of the states, county health units provide medical facilities. In addition individual physicians cooperate with the state authorities, on a fee basis or otherwise, in communities where there are no clinics, to provide medical service to those who cannot pay. Our failure as a nation is not so much in providing or even carrying out treatment for syphilis in pregnancy, as it is the failure to look for and recognize the disease.

An encouraging trend is seen in this respect in the recently passed Social Security Act which makes it possible for Federal, State and municipal agencies to increase and correlate their facilities for case-finding.

Recognizing this situation, the American Social Hygiene Association has carried on continuing efforts in recent years to stress, among other measures, the serious importance of the complete examination, including laboratory tests, of every expectant mother at the earliest possible moment in pregnancy, so that no case of syphilis may escape diagnosis.

*What difficulties are involved in overcoming syphilis?*

As a public-health problem, syphilis, in common with tuberculosis and cancer, has resisted the health progress of mankind in past generations. In contrast to the spectacular course of great epidemics, it has pursued its work of destruction quietly, often unrecognized, slowly undermining in its course the very foundations of human life.

In these times of public enlightenment on most health subjects, syphilis is still shrouded in comparative obscurity. Often entrenched behind a barrier of silence raised by the press, the radio, and other channels of public communication, as well as our own thoughts, it has been fostered by prejudice, ignorance and false modesty.

It is one of the ironies of fate that the disease against which the most tremendous scientific advances have been made, the most brilliant medical victories won, is the disease which still destroys through our failure to apply knowledge and our refusal to recognize the facts. We know its cause, the serious effect it produces, and how to control it; yet the application of preventive and control measures cannot proceed more rapidly than the formation of public opinion and removal of the barriers which have so long impeded progress.

Syphilis is as readily open to attack and eradication as any of the diseases the public health officer has brought largely under control; yet with its twin, gonorrhea, it remains among the most prevalent. Health departments, often restricted by lack of adequate appropriations and scarcity of trained personnel, generally devote their major activities to better understood programs. Concealment is practiced all too often by the patient and doctor. In consequence, the family, particularly the wife and children, and others, frequently suffer needlessly. Fear of discovery offers wide opportunity for the medical charlatan and the quack who, together with the unethical druggist, prescribe illegally and reap a golden harvest.

But the public is beginning to think for itself in the matter—to understand that syphilis is a disease, not a crime, and that the costs of its control are not prohibitive.

The power of tuberculosis has been crippled through an organized effort of health agencies and the public to provide knowledge—widespread, universal knowledge. With perseverance we shall obliterate syphilis by the same means. Little more than thirty years have elapsed since science unmasked this enemy; and united national efforts to do something began less than twenty years ago. Public understanding has just begun to support a broad scientific and sound social program.

#### *What activities exist for prevention of congenital syphilis?*

Activities for the prevention of congenital syphilis include the following practical measures:

1. Appeals to hospitals, prenatal clinics, and maternity centers, as well as private practitioners—
  - (1) to include a search for syphilis as a part of prenatal examinations;
  - (2) to institute regular treatment during the period of pregnancy.
2. Encouragement of child welfare institutions and protective agencies—
  - (1) to be on the alert for cases of congenital syphilis;
  - (2) to assure such cases of early and adequate treatment.
3. Information to the public regarding—
  - (1) the dangers of congenital syphilis;
  - (2) the facilities which exist for its prevention.

Some of the efforts made by The American Social Hygiene Association to accomplish these objectives have included:

Addresses on the prevention of congenital syphilis to many medical, public health, and nurses' meetings and to students in medical schools and in teacher-training institutions; and discussions at state and national social work conferences; and radio talks to the general public.

Preparation and publication of special articles on congenital syphilis which have had widespread circulation in medical and lay circles, and assistance in preparing newspaper articles;

Selected distribution of many thousands of copies of pamphlets and editorials;

Preparation of material regarding congenital syphilis for the President's White House Conference on Child Health and Protection and other groups; and participation in the conferences and follow-up meetings in various states and communities;

Preparation, in cooperation with leading medical authorities of an exhibit for the American Medical Association meetings, and for state medical conferences (this exhibit received a special certificate of honor as the best educational material shown);

Showing and distribution of the film *Deferred Payment* produced by the British Social Hygiene Council, and featuring the effects of congenital syphilis and methods of prevention and cure; showing the films *Damaged Lives* and *Science and Modern Medicine*;

Cooperation with the U. S. Children's Bureau in providing a series of institutes for rural and village physicians, including two lectures on *Syphilis as a Complication in Pregnancy*;

Cooperation with the National Organization for Public Health Nursing and the National League for Nursing Education in programs of instruction for graduate and student nurses;

Cooperation with the National Society for Prevention of Blindness, and with community health agencies in educational campaigns to encourage infected persons to seek and continue treatment and to create widespread understanding of the serious nature of the disease;

Nation-wide correspondence and personal conferences with public health officials, physicians, parent-teacher, religious and other lay leaders.

The elimination of congenital syphilis is far more than a simple problem of medical treatment. It involves the imperative obligation of preventing people from exposing themselves to infection. Rational sex education, law enactment and enforcement, public information, wholesome family life, and recreation must supplement medical measures in order to accomplish this. The Association's work, therefore, in seeking to prevent congenital syphilis covers the related activities of several specialized fields of work. For example:

Studies to determine the prevalence of venereal diseases in various sections of the country;

Surveys of commercialized prostitution in the states and communities to discover one group of carriers of infection;

Studies of quackery, illegal medical advertising, and illegal drug-store practices which exploit infected persons;

Studies of legislation and law enforcement regarding prostitution and the venereal diseases; and practical assistance in state and community programs, to insure good family environment;

Study of measures for the protection of youth and aid in carrying out the plans suggested;

Publication of the monthly *Journal of Social Hygiene* and the *Social Hygiene News* devoted to discussion of social hygiene problems;

Study of and collection of accurate information regarding the rapidly growing family consultation services in the United States and other countries;

Cooperation with numerous international, national, state, and community agencies in various phases of social hygiene work.

The Association has been aided in this work by sixty organized state and local hygiene groups and by the moral and financial support of a nation-wide membership of over 10,000 persons. The American Medical Association in a resolution passed on June 15, 1933, set the seal of professional endorsement upon the routine procedure of a "blood test for every pregnant woman." Blindness from congenital syphilis was the angle from which the resolution was framed, and the National Society for Prevention of Blindness was active in securing its presentation and has held special group meetings for consideration of this problem. Other organizations, such as the American Public Health Association, the Conference of State and Provincial Health Authorities of North America, and the National Health Council have also passed resolutions approving and abetting the campaign. The latter organization has organized a special committee to give continuing attention to the subject. Women's Clubs and Parent-Teacher Associations give thought to the problem. Real progress is being made all along the line.\*

Much however, remains to be done. We ask the help of all who read this article in carrying the work forward—

- (1) Because congenital syphilis is an obstacle to the inalienable birthright of every child—health and happiness.
- (2) Because, as the *least* understood of the serious diseases of childhood, it merits consideration by all.
- (3) Because the brilliant achievement of medical science in developing methods of combating this needless waste of child life should be generally recognized and applied.
- (4) Because future progress in preventing and controlling the disease rests in the hands of those who will give intelligent heed now to the problem.
- (5) Because of the satisfaction which comes from helping arouse public opinion regarding one of its major health problems.

Dr. Ray Lyman Wilbur has said:

"When we can keep the spirochete of syphilis out of the body of every newborn babe, we shall have added enough to human life and happiness to heal the wounds of the great war."

That challenge we accept for ourselves, and fling it forward to all who have at heart the health and welfare of the newest generation.

\* For text of resolutions see JOURNAL OF SOCIAL HYGIENE, October, 1933. p. 402. December, 1934, p. 457.

## AN OLD STATE TAKES UP A NEW IDEA

MARTHA P. BUTTRICK

*Vermont State Supervisor of Parent Education, W.P.A.*

Parent Education, so called, is a recent development, but it really began when the young cave mother asked the older women questions about bringing up her baby. In colonial times, the mature adults in large households literally took the babe from the mother's arms and largely assumed the responsibility for training each child to carry its share of the family's varied tasks as early as possible and later for teaching them hand skills.

How different is the problem confronting the young parents today! They are crowded into a few rooms with no adult relative nearby to assist them. The young mother must plan activity for the three-year-old so that she can nurse the baby without interruption and at the same time have the dinner simmering on the stove and keep an eye on the clock to see that everything moves on schedule. These young parents, however, are not struggling on alone. The White House Conference on Child Health and Protection revealed to the nation that science and the research centers for child development have turned the flood lights onto many of the causes for failure and the means for building wholesome family life with the maximum development of health, achievement and happiness. Whether it is a question of eating spinach, of temper tantrums or answering the questions of where babies come from, carefully prepared material and experienced leadership is ready and waiting to assist the bewildered parent. Thus developed the movement known as parent education. During the last fifteen years, it has been growing not only in popularity with parents, but also in research material, technique, and trained leadership. The newspapers, magazines, stage, radio, and even the comics are featuring one or another form of popularized parent education.

A tremendous impetus was given the movement when it

was listed as one of the possible forms of adult education authorized under the Federal Emergency Educational Program. Added to this, funds were made available through private sources for a six months' demonstration of the advantage of state-wide supervisors. Several states in which much interest existed previous to the allotment of federal funds were quick to seize upon this opportunity to demonstrate the possibilities of a program in parent education, and the first state to set up a functioning program was Vermont. By a strange coincidence, just two months previous to the authorization of government funds for this purpose, an interested group had mapped out a program entitled, *The Next Steps in Parent Education for Vermont*. A state committee had been appointed and only the question of financing the program delayed its beginning. After functioning steadily for a period of nearly two and one-half years, a summary of the program may be of interest. A little bit of Vermont background and the problems involved may make a picture of the program clearer.

According to 1930 population figures, Vermont has about 360,000 population, or approximately as many people as the city of Rochester, N. Y., spread over an area of 9,500 square miles. Vermont is classed as the most rural state in the union, since the largest percentage of its population live in what the census bureau classifies as "rural units." Only two cities have more than 15,000 population, so there is no sharp line between urban and rural populations, or between industrial and agricultural. Vermont has the smallest Negro population of any state in the Union and the French Canadians coming down from the Province of Quebec are the only first generation foreign-born nationality group of any size in the state, thus the race and nationality problems are unimportant. Someone who delights in figuring claims that if Vermont were spread out flat it would cover as much territory as Texas. As might be judged from the above, the greatest difficulty in developing a state-wide project is the amount of travel necessary to contact groups of parents. Furthermore, the travel is not on level ground, but up and down mountain roads, many of which are not listed as improved highways, and with driving conditions difficult for six months of the year. Tribute must be paid here to the workers who have travelled over ice on deflated tires, shoveled their way out of snow banks, driven their cars up stream like a salmon over flooded road beds in the recent high water, and sat up until three o'clock in the morning listening to the distressed mother relieving her worries about her boy. Other problems are the imperviousness-to-new-ideas of some small towns and the desire of some of the larger towns to imitate the cities and their ways. When

the suggestion that the various clubs unite into one community organization with various departments was made in one community, the alarmed, public-spirited resident replied, "Why then there wouldn't be enough offices to go round."

Sometimes the famous "rugged individualism" of Vermonters has held the program back as well as the caution against listening to new ways of doing things. The fact that the program is one of emergency relief has also prevented looking far ahead in the planning and developing the program; also the fact that all workers must be chosen from the relief rolls has eliminated many promising leaders. The workers have no research center to which to turn for inspiration and training and the libraries as a rule are poorly supplied with literature in this so recently developed field. There is no child guidance clinic in the state and no psychiatrist to serve the needs of the people, although those who are trained and serving in other capacities in the state have given freely of their time and knowledge. Perhaps the liabilities sound greater than the possible assets, but the response to the program described as follows leaves that for the reader to decide for himself.

The program is organized with one state supervisor and fifteen district workers, or one worker to every 20,000 of the population, probably the highest state-wide average in the Union. A state sponsoring committee is composed of twelve forward-looking leaders and selected from local sponsoring committees in the seven largest towns and cities in the state. The honorary chairman and advisor of the program from its first conception has been Dorothy Canfield Fisher.

Most of the workers are college or normal school graduates. Three members of the staff have received special training at summer sessions. A two-day training institute is held every three months; also five district meetings for workers mid-way between the state conferences. Much individual instruction, evaluating and demonstration leading is done by the state supervisor who visits each worker every two months. A large loan library of books and pamphlets constantly circulates among the workers. A brief, carefully-selected bibliography of bulletins and books, each costing under \$1.00, has also been prepared for libraries and groups that have limited financial resources.

The workers spend the larger part of their time in building up and leading study groups, believing that the greatest good can be accomplished by discussing informally in small groups the problems uppermost in parents' minds. Sometimes in rural areas a group covers an entire township. A local hostess writes, "Oh yes, you remember Jenny. They've gone to Brattleboro with all the children. That only leaves three families at the 'Corners,' but they'll be over for the meeting from 'The Center' and 'The Ville' and maybe from 'The Street.'" The members of the group help each other and the leader keeps them to the main issue and gives them the benefit of research on their problem. There are three questions that come up most often for discussion: discipline, sex education and adolescence.

The following statements by parents are being expressed less and less. "Discipline is punishment"; "Sex education—it's dirty talk, I intend to keep my girl pure and innocent." One mother said, "My high school daughter refused to let me read her letters" and another "I found communistic literature in my daughter's desk and we have always been such staunch Republicans." As to other questions raised for discussion, one mother writes, "We've got some snow-drifts, but I hope you can get through all right. I want to talk to you about putting Jackie up a grade. Clara Brown's boy is a bed-wetter. Can't you help about that? The doctor can't. He says it's mental."

Do parents respond? The February attendance at such study groups was 3,700. The groups are sometimes built up by the workers, other times held in conjunction with a Home Demonstration club sponsored by the State Agricultural Extension Service; sometimes with the Parent-Teacher Associations; sometimes with parents of federal nursery school children; and sometimes with the parents on relief, the groups being built up by home agents, or perhaps young parents in a study group sponsored by the American Association of University Women or a Women's Club, or a group at the Women's State Reformatory. The language may be technical, or in words of one syllable, but it is surprising how common are the difficulties.

Among the suggested lines of possible development of the Federal program of parent education was pre-marriage work. The state supervisor of Home Economics Education demonstrated her interest immediately by sending each one of her teachers the name of the parent education worker in her town and urging that she be invited to the Home Economics classes. The high school principals and school superintendents have requested sex education talks for all the girls and etiquette lessons for the entire student body. This latter request was met by dramatizing situations illustrating social usage. The things that young people want discussed most are personality pointers and petting. How to discuss this latter question and work out conclusions that are satisfactory to groups of both generations is like steering between Scylla and Charybdis. A plan for young people that proved successful last summer will be enlarged this coming season. A group of at least ten high-school-age girls spent a two-hour period each week studying pre-school child development and making plans for a weekly all-morning session of a play school for about 25 children. The school followed the general set up of a nursery school and the state supervisor of that project assisted in the organization. That the girls might realize that after all there was much to learn about child development, they were asked to select one child, write a short history of that child and observe it at play. The girls not only learned much to help them later in the care of their own children, but they realized cash returns since local mothers preferred them to take care of the children during the parent's absence.

Study groups often lead to expressions of community service. In one community one group took the initiative in helping the young people lay plans for damming up a neighboring brook for a community swimming pool and they are developing on its woody banks

a picnic grove and children's playground with home-made equipment. One worker sends in an interesting account of a group that started their meetings in the afternoon. The fathers while "swapping" work, talked over the new interests of their wives and the meetings were changed to evening to accommodate the men. They enjoyed themselves so much it was decided to fix up an abandoned schoolhouse as a community center. Everybody gave a window pane and brought a chunk of wood for the fire at each meeting; an organ and wood stove were also donated. Up-turned sap buckets and planks across served as benches. After an hour and a half discussion, one mother played the organ, a father the fiddle and a couple of hours of square dancing followed. The original attendance of 11 jumped to an average of 55.

Personal conferences both as home visits and after-meeting talks are a feature of the program and serve as a safety valve for many worried parents. Each worker averages about forty such interviews per month.

Study groups are not the only activity of the workers. In the larger centers, while working with under-privileged parents, it was soon discovered that busy hands loosened the tongues. Consequently, family workshops have been built up in several places. A visit to one just before Christmas revealed a group of parents meeting in a vacant school room making stuffed dolls, bean bags, wooden animals and remodeling clothes as Christmas gifts for their children. Many of these mothers are classed as "chronic poor" and the rest of the city pulled its skirts away and said it was a waste of time to try to help them. After four months of concentrated effort, the Welfare Department says, "What have you done to our clientele? They ask for raw materials and are eager and appreciative." The mayor says, "Draw up your plans for a settlement house and we'll see what the city can do," while the parents' school club invites the "South End" and the "West End" clubs to a puppet show and acts the perfect host. For the first time these parents begin to feel they have a place in the sun and they are capable of occupying it. This section of the city is a hot-bed of venereal disease and the time is nearly ripe for an educational campaign in social hygiene.

From the beginning of the program emphasis has been placed on families doing things together rather than on their difficulties—through seeking for preventive measures. At Christmas time a campaign was carried on against the commercialized Christmas, urging families to make a Christmas plan and to finish the material preparations by the middle of the month and devote the last ten days for such projects as a family expedition to the woods for the tree and greens, for reading towards Christmas and the making of a crêche and singing carols. One small boy said, "Why can't we have a Christmas dinner just like Bob Cratchit." So they did. Many lovely old-world traditions that could be carried out without cost were mimeographed and distributed as well as folk stories to tell on Christmas eve. At least 1,000 families are known to have followed many of the Christmas suggestions. The following is quoted from a letter written to one of the

workers soon after Christmas: "The children are so pleased with their Christmas presents. If we had not talked about toys and things in the study group, we might have made a sad mistake and wasted what money we had to spend. John made Jackie a sled and his uncle got him a tool box instead of the mechanical toy uncle saw in the catalog. Sally wanted skis and we all clubbed together and got them. Without our talks we wouldn't have spent so well."

As spring and summer approach, families are being urged to study nature together, build a stone fireplace in the back pasture, and enjoy what Vermont has to offer families in their own backyards at no cost. One mother living on a back farm realized the whole universe was theirs to enjoy and they have collected stars for three years. Another family has kept a travelog of birds for five years.

A unique part of the Vermont program is a travelling exhibit that is displayed at each of the fourteen county fairs. In addition to home-made toys, miniature play equipment and bulletins and posters, the happy and the unhappy family made of small dolls attract the crowd. In the happy family everybody helps, while in the unhappy family the adolescent daughter reclines on a sofa reading a book, the younger children fight, and mother does all the work. When people showed manifest interest the worker approached them giving more information. About 12,000 such contacts were recorded by the workers. One visitor from outside the state said, "Here's parent education that is practical."

The Vermont Parent Education program was conceived in a conference sponsored and financed by Bennington College. Mrs. Sidonie Gruenberg of the Child Study Association was the leader and Dr. Valeria H. Parker of the American Social Hygiene Association, a guest speaker. At that conference the state program was mapped out and put into operation much sooner than one would have dared to hope because federal funds became available. Each of the two succeeding autumns has seen a similar conference planned to meet the most apparent needs felt throughout the state and attended by educational and social leaders as well as volunteer group leaders. The University of Vermont and Middlebury College have been more recent sponsors of this conference, and 150 persons have registered each year. The theme, *Living Together in the Family* was developed by Dr. Ruth Andrus, of the New York State Bureau of Child Development; Mrs. Gladys Jones, Garland School of Homemaking, Boston; Mr. A. D. Zanzig of the National Recreation Association; Mrs. Lillian Gilbreth and others. An interesting exhibit of projects being carried on by Vermont families was also on display. The theme, *We Parents* was developed in the most recent conference by Miss Jean B. Pinney of the Social Hygiene Association, Miss Florence Barnard of the American Association for Economic Education and Dr. and Mrs. Ernest R. Groves of Chapel Hill, North Carolina. The theme selected for the next conference is *Two Generations* and study groups of both generations are formulating what they admire in the other as well as the friction points. These findings will form the basis of the conference in which both generations will participate.

Little mention has been made of the father's part in this program. The nursery school fathers have helped make equipment for the schools and are interested in meetings on home-made play apparatus. The fathers also participate at times in the family workshops. In parent-teacher meetings they are eager to discuss questions of discipline and training children in handling money. One splendid panel discussion was held in a mothers' club on the question, "Should a boy have a gun?" In the Grange meetings, parent education workers are often given the lecture period and men are eager participants in the discussion. In the back rural groups the fathers, mothers, young people and older children all come when the chores are finished. After an hour and a half discussion, singing, puzzles, stunts, or games follow and the evening comes to an end with hash, macaroni, or beans and coffee at about midnight. As a rule, fathers discuss much more objectively than mothers and keep the leader on her toes holding pace with them. The proportions of mothers as compared with fathers is all too one-sided and striking a nearer balance is one of the immediate objectives of the program. Most women seem to feel men want to eat and be entertained and it often takes a demonstration to prove the father's vital interest in the big question of raising a family.

*The Allen Family* is the name of the broadcast put on weekly over the five Vermont stations. This program has been featured for fifteen weeks during the last two winters. The children of pre-school, school and adolescent age involve the family in all the issues that face family life in an average Vermont community. One mother writes, "You can't imagine how relieved I felt when Jackie stole money from the family purse. My boy did the same thing and I was so sure he was going to grow up to be a thief I never dared to tell anybody." The broadcasts are written by a member of the parent education staff.

Parent education has met cooperation in whatever direction it has turned. The churches are responsive and one worker has gone to a Methodist camp meeting and held daily discussions with both parents and young people. Another worker holds a study group in a convent attended by sisters of the convent and parents of the children. An officer of the State Sunday School Association recently remarked she considered the parent education workers one of the greatest religious influences of the state because they were building love and security into home life. A joint letter sent out to the mailing list of the Home Demonstration clubs and parent education groups contacts 4,000 parents monthly. The newspapers and *The Vermonter*, a state magazine, publish a monthly article. Five state conventions interested in the welfare of the state give time on their programs for presentation of the parent education work. Very few deaf ears are turned.

Again, in conclusion, let the reader consider the assets and liabilities of the program and draw his own conclusions. If, however, he be tempted to criticize the government expenditure for the emergency education program, let him remember that this is one project that would not have been possible without Federal funds.

## MODERN YOUTH AND RECREATION \*

CORINNE FONDE

*Superintendent, Houston Recreation Department*

A young girl who side-stepped the conventions was asked "Why did you do it—from hunger?" To which she replied "Not for food, —but I was starving for a taste of life."

A teacher of creative art said to a physically handicapped adolescent boy—"Put something that you *feel* on paper." He drew hideous faces, an ambulance rushing to the hospital, a fire engine approaching a burning house—finally, with exquisite feeling, morning glories—and the teacher said, "A naturally gentle soul has found relief from pent up hate and misfortune and will now give himself to beauty, if life will let him."

A youth protested the closing for the winter of the shelter-less playground saying "The fellows get discouraged and go to rough places and get in trouble before they know what it's all about."

A modern girl said "We get no help from the pessimists who say 'What are our young people coming to?' nor from the optimists who say 'Don't worry, they'll have their little fling and settle down.' The only persons who can help us are those who find us where we are and give us what we need."

A girl of the tenements, asked what the girls and boys talked to each other about, replied with scorn "They don't *talk*. They *hug*."

A small town boy who came to a big-city university was seen in a low dance hall dancing sensually with a notorious girl who had killed her seducer when he abandoned her.

A young country girl who sought work in the city landed in the venereal clinic after a joy ride with a young man from one of that city's most luxurious homes. He afterwards married one of the finest girls in the community.

A youth, admonished for his escapades, said he did not find *adults* using their leisure in ways worth emulating, knowing things worth knowing, or providing things worth having.

A protective worker, during the World War—we don't have them in *this* emergency—called a well-dressed girl and boy from under the high steps of a dark school building one night and the next night took from the same stairs a white youth with a small Negro girl who had a knife for him if he didn't pay off. Dances held subsequently, well governed by the young people and their parents, proved immensely popular in that same school building.

\* A talk given at the Houston Social Hygiene Institute, December, 1934.

A social worker engaged to organize activities for the employees of a cotton mill found herself on the opening night witnessing shameless conduct in dancing and general behavior. Friends warned she was undertaking the impossible. With the help of an attractive and high principled, but not too squeamish young couple, who gave weekly dancing demonstrations and friendly instruction, in 3 months such standards were established that these friends could not believe their own eyes.

The son of the president of a great industry near a playground came one day to the director and said: "You give the kids around here counsel that boys in my circumstances miss. Expensive schools, fine clothes, social opportunities and money have not prepared me for what I'm up against now. My emotions want satisfaction and I've always had what I wanted. My parents have picked out a fine girl for me to marry. But I'm not in love with her. I want to *love* my wife—have ideas about love children having a better chance and that sort of thing. We fellows discussed these things pretty freely in college but none of our philosophy seems to help now. My parents would rather see me scatter wild oats than to accept a plan a friend has made that they think may stand in my way of a good marriage, success and happiness. My friend knows an attractive poor girl who is willing to give her affection in return for the comforts of life. It will be her first experience and she understands I will owe her only financial security. I fell for it at first but now that she gets here tomorrow I'm not sure she's getting a square deal. What's your idea?"

The boy was encouraged to talk it through and sent away with a warm handclasp and the challenge that he was capable of making his own decision in his fight between passion and self-control. The next day he came back and said: "I've made my decision. I would not be guilty of murder of a body. Why should I murder a soul—perhaps two, hers and mine? I have seen her. She is lovely. I want to give her an education. That's where you come in. I want you to make all arrangements, be her guardian. I'll send her to you and drop out of the picture."

"But," said the recreation worker, "This means great responsibility for both of us. Have you your parents' consent?" The young man gave an interesting reply: "No, they wouldn't understand. Ironical, isn't it, that good parents can't see that selfish love not only doesn't protect their children but sometimes even deprives them of their confidence."

A group of boys who heard a social hygiene speaker at a recreation center followed her out of the room with a rapid fire of questions, one of which was "Do you suppose they'll ever teach these things to kids soon enough to save them from getting into trouble from ignorance?" The speaker replied "How many of your parents would have been willing for you to have this instruction?" And they all shook their heads. However be it said that at the conclusion of the talk, a mother had arisen and said "I want to thank you for myself and my children.

I always wanted to tell them these things but I didn't have the language."

In a community where many misguided parents pay for their children's instruction in sophisticated song and dance set to the tune of a low type of music and self-consciously performed in sophisticated clothing, or the lack of it, a playground director took a little girl to a lovely Junior League Children's play. When it was over the little girl said "I'm never going to forget that story. I'm going to tell it to my little children—and to their little children, too."

\* \* \* \* \*

These stories are from life. They sound rather hopeless, but there is another side. Perhaps like Hambone, when the fortune teller wanted to tell his future, "I'd ruther keep on hopin'" but there is hope I think in such things as these:

A conference to bring us together like this.

A prison warden to warn us that we can not strait-jacket boys and girls from criminality into safe, sane, normal and sensible life, but that character must be formed in a finer play environment—that the results of a planned recreation program for youth in Sing Sing speak eloquently for what might have been done for them earlier.

A University professor is doing research towards a book that is to prove that the psychology of be good and you will be happy should be changed to be happy and you will be good. Another tells us that our happiness is determined by the richness of our experiences and our ability to interpret them. An eminent minister and author defines recreation as the re-creation of something that gets damaged in human beings—the repair of human damage where it is reparable and the prevention of it in the rising generation.

A great rabbi reminds us that we find real happiness in the wonders and beauties of our world; in satisfying human relationships; in wholesome physical exercise; in the expression of the God-given talents of language, music, art, drama; and in civic and religious service. A popular columnist tells the world that "Happiness is the big machine that quickens our faculties, spurs on our ambitions, gives us fresh strength and courage, and makes us feel we can achieve things." A successful business man, who is the president of the Board of a social agency, says "We must grasp the basic fact that human wreckage, in any form, is the greatest loss in stark dollars and cents, which any community can suffer." The President of a great university prophesies that "If current experience gives any inkling of the future—people will demand a more varied, stimulating and important brand of leisure time activity."

A juvenile court referee advises "Young people still have emotions to spare, no matter how slender their stock of words, imagination, training, resources or social ingenuity; and will indulge in the only activity they can afford. Many young men in the city, in search of romance and wives, whose bank books and mentalities are slight but satisfactory, find no opportunity to meet "nice girls" or for safe and sane romance. Give poor girls the equivalent of what rich girls

get at dancing school, in dramatics, sports and games. Teach them how to entertain beaux who are without money, without poise and without words, but who like the rest of us long for beauty and romance. Teach them fifty-seven varieties of entertainment—by twos, by threes, by roomfuls. Teach them how fun can be done with more words and less hugging—for they need to know, believe me!"

There is hope when a visitor drops in on a recreation center and sees in it "Something as vital as a man's job"—"A wholesome place for young people to meet each other and to work off those pent-up energies that can bring either misery or happiness; to grow in charm and develop respect for their personalities; to improve upon their limitations through friendly competition; where Bashful Bill may grow into well-poised William and self-hating Milly turn into graceful Mildred." And she observed further "Little did a pair of sweethearts having an exciting time—smashing a little ping-pong ball back and forth see what an old grown-up like me was seeing—their muscles and brains learning to work together in beautiful harmony—a happy comparison with youngsters I saw reeling about in each others arms, when late one night I made a tour of noisy beer parlors and dimly lighted dance halls."

There is *hope* in our having Joseph Lee to point out that "It is the business of the community to find the way of the lost talents." And Jane Addams to warn that "We may either smother the divine fire of youth or we may feed it. We may either stand stupidly staring as it sinks into a murky fire of crime and flares into the intermittent blaze of folly or we may tend it into a lambent flame with power to make clean and bright our dingy streets."

There is hope, too, in the facts that: Here and there a school system knows that a warm, lighted open school house on a winter night is an opportunity seized for the protection of youth, and that a dark school building and grounds are opportunities neglected. An occasional school system faces the fact that youth *will dance* whether within the protecting walls of the neighborhood school house or in dangerous places, for dancing expresses three of the fundamental interests—the physical, the rhythmic and the social. Here and there a city, to keep its young people *fit to live*, has had the courage to continue in force commercial dance hall regulations enacted during the World War to keep young men *fit to die*. The teeth of these ordinances are in the required permit issued only after careful inspection as to fire, health and moral hazards; the supervisor paid by the dance hall manager, but by working under a trained representative of the city on the basis of efficiency in protecting youth; an age limit of sixteen; the registration of participants, and exclusion of persons known to be of immoral character; the same entrance fee for both sexes; no freak dancing and no moonlight dances or variations thereof.

Here and there we find citizen groups banded together to say to their municipality "You have a responsibility for the leisure time of your youth." Now and then we find a city whose recreation

budget is on a par with that for police. At least one recreation department a few years ago found the way to add to its staff three recreation workers at large whose sole responsibility is the reduction of juvenile delinquency and youthful crime. They work at this by merely becoming acquainted with the young people and their leisure time needs—individually and in gangs—and helping them find congenial and worth-while activities. Their contacts, which were at first all received from the juvenile court and police, now frequently come from principals of schools and others who are noting pre-delinquency traits.

In another city young people picked up for minor infractions are sent to playground directors, who place them in activities and keep their attendance record—which if unsatisfactory is followed up by a special worker. This worker, through a Coordinating Council, secures case studies of those who fail to adjust themselves. To date 570 have made commendable progress and there is every indication of success.\*

It is hopeful that once in a while an athletic director sees his job not that of training the first baseman, but of *developing Harry Smith on first base*, and his community lets him get by with it!

More and more the various social forces are reaching a basis of *real* cooperation. With increasing frequency we find a parent who knows: That his child's community is not confined to home, church, school and carefully selected neighborhood and circle of friends; that in working for character building agencies adequate to the needs of all the city's children he is eliminating pitfalls for his own; that in supporting cultural opportunities for the masses he is giving his own child an environment of culture; that in helping to develop a good parent community for other people's children he develops a good parent community for his own.

And now may I attempt to picture for you what I believe will be common practice when we have learned wisdom in every neighborhood in every American city?

The school will develop every child's natural interests into skills to stand by him both vocationally and avocationally. In cooperation with the home, it will fortify him, as a matter of course, with the sex instruction that he needs at the time he needs it, so that this will be his credo:

“A clean, strong, healthy body is the gift of gifts. It will take me far in every task before me. It means strength for my work, and joy in my play. It will give me zest for all the vital things of life. In the name of the Maker, let me keep it clean and strong.”

The school recreation center, the playground with adequate field house, the church, library, settlement, Y.W.C.A., Y.M.C.A., Scout House, or what have you, will offer every adolescent, with every member of his family, the chance to exercise and further develop his interests and skills—during all of the leisure hours every month in

\* Recreation Budgets in these two cities are 67 cents and 91 cents per capita.

the year. These places will be veritable temples of culture and happiness—of games, music, drama, arts, and crafts, literature, current affairs, comradeship, congenial groupings, adventure, romance, enthusiasm and creative effort.

Their leaders will be men and women with “high gifts of intelligence, of imagination, human sympathy and understanding—aristocrats of the mind and hand and soul.” They will be of sufficient number and of recognized worth to possess time and money to permit them to experience personally life’s choice gifts, and to fan the divine spark in each individual. They will not be all of one faith, one school, or one agency, nor will they fear displacement one by another. They will long since have learned that real leaders do not grow on trees, even under favorable conditions. They will have learned that human beings are happily not all cut by one pattern, and do not all require the same treatment.

On great holidays each of these centers will be the scene of such high adventure, long anticipated, that such sensational, bizarre, and taste-lacking celebrations as now often occur on such occasions will have died a natural death.

Pre-delinquency traits, growing less and less frequent, will be quickly detected and treated by specialists—as will the congenital unfortunate, for whom special provision will be made for a maximum of happiness without hurt to others.

The under-privileged and the over-indulged will alike be considered skeletons in the municipal family closet.

Commercial recreations will have learned that wholesomeness is a sound business principle.

Tax payers generally will have come to the realization that scientific methods are economic whether the product is cotton, oil, lumber, cattle or citizens.

“Under this new order the *happiness* of each and every individual will be the supreme test.”

A visionary dreamer, whistling to keep up her courage? I take my answer from a successful business man—

“How much money think you, do we pay each year, for the wasted bodies, the lost working hours, the lowered morale, and the shattered homes caused by thoroughly preventable diseases?”

## GUPPIES AND THE FACTS OF LIFE

PEGGY VON DER GOLTZ

Years ago, when tropical fish were relatively little-known pets, people who saw them for the first time invariably gawked at the miracle of a balanced aquarium, squinted at the guppies, and said "Well of course it's awfully interesting. And some of the fish are really quite pretty; though they're so small they scarcely seem worth looking at. But they're so *useless!*" Then, if I was in good humor, I explained that the guppy was one of the most useful of all our pets, that we owed our acquaintance with him to his usefulness.

More than a generation ago, when mosquitoes were first recognized as carriers of malaria, the discovery was also made that the little fishes of the shallow waters preferred mosquito larvae to most other food. And the guppy was the hardiest, the most prolific, and the hungriest of all the 'million fish' that swarmed West Indian waters. The British government naturalized the brilliant little Trinidad guppies in the Windward Islands and the Bahamas where native, fresh water fishes were scarce. Then, in 1908, it was decided to ship a batch of guppies to Uganda where the native fishes apparently didn't relish mosquito larvae as they should. It was while that school of missionary guppies was being held in the London Zoological Gardens, waiting trans-shipment to the other side of the world, that some of the females gave birth to living young. And the wonder of it was shouted round the world. And the guppy moved into scientific laboratories, and Park Avenue apartments, and the one sunny window of many a dismal tenement.

Now, with guppies in zoological parks, and pet shops, on window sills, and invalids' bedside tables, in hospitals, and schoolrooms, and nurseries, we have found a new use for the mosquito devouring mite of the West Indies. The guppy is fast displacing the birds and bees as an object lesson in teaching the facts of life to children.

The viviparous fishes in general, and guppies in particular, are ideal for the purpose. Guppies may live to be three or four years old; but they mature in three or four months. They are very tiny—the males are rarely more than an inch and a quarter in length, while a female longer than two inches is a curiosity—and children like small things. Also the sexes are easily distinguished. The stout, plain, silver grey females have ideal protective coloring for their comparatively sedentary habits; and the glimmering, bejewelled little males look for all the world like rainbow ripples on sunny water. No two males are ever marked exactly alike, though there are strongly marked

PLATE I



THE NEWEST GENERATION—OFF TO A GOOD START

An illustration used in connection with the Association's campaign for public education regarding the prevention of congenital syphilis. Photograph  
by courtesy of the American Can Company

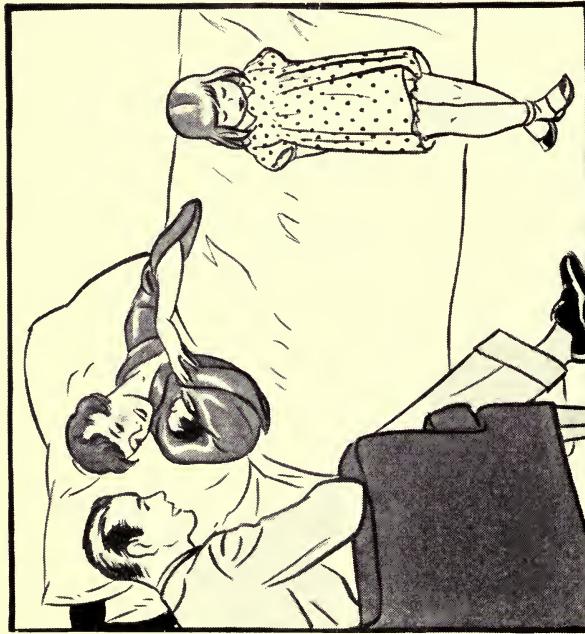


## IT'S UP TO US What Chil- dren Do

Father: "Now you have a baby sister too, Anne. Won't you have fun helping take care of her?"

Anne will be happier with her baby sister  
Because

Her parents have talked with her about "our baby when it comes," and she has been looking forward to the time when it arrives. Thelma, the center of her family's attention for three long years, suddenly and unexpectedly finds a new baby usurping the center of her universe. She feels bewildered, shut out; she is unhappy. Jealousy and resentment toward the baby who caused this unhappiness are apt to follow. Anne, through preparation before the baby arrives, and through careful and sympathetic understanding afterward, is happy in the new importance she feels in the household as "older sister."



Father: "See what the stork left for us, Thelma. You'll not be Mother's baby any more."

## PARENT EDUCATION THROUGH PICTURES

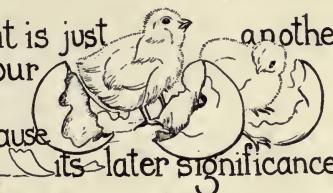
One of a series of cartoons by Alice Sowers and Alice L. Wood, with drawings by Iris Beatty Johnson, which have appeared in the *National Parent-Teacher Magazine*. There have been several on social hygiene subjects.

# Parents Are the Child's First and Best Social Hygiene Teachers



If your child asks a question regarding sex, answer it simply, naturally and in your own language, not book language

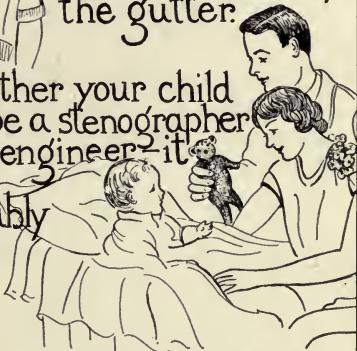
Remember it is just another question to your child and only a sex question because you know its later significance.



Flatter yourself teacher than the teacher that you are a better street, the alley, the gutter.



Whether your child will be a stenographer or an engineer it will probably be a



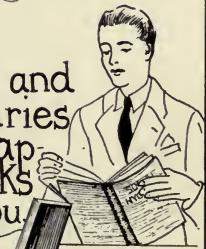
parent. Keep it sexually fit for parenthood.



Your city traveling have proved to help



state and libraries fine ap books you



Your child believes you are the best parent it could have. Meet that inspiring faith.

Prepared by the  
Social Hygiene Division  
Wisconsin State Board of Health

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## PARENT EDUCATION THROUGH POSTERS

A poster designed and distributed by the Social Hygiene Division, Wisconsin State Board of Health, and used widely by Parent-Teacher Groups and by the American Social Hygiene Association.

PLATE IV



ONE BOY'S FAMILY

One of the drawings made by a children's art class to illustrate their ideas of American family life. A small reproduction is being used in a folder describing the Association's work.

type resemblances and reasonably pure blood lines can be traced. So it is possible for an observant child to name his pets and distinguish them.

The guppy is far from unique in the habit of producing living young. Many of his cousins among the small tooth carp are viviparous. Most of the blind cave fishes bear their young alive; and so does the little half beak—*Hemiramphus*—of the East Indian waters. But the guppy is pretty, cheap, hardy, and willing.

The guppy's name isn't guppy at all. It is *Lebistes reticulatus*. But since scientific nomenclature is often confused by simultaneous, or nearly simultaneous, discovery of the same creature by several individuals, who individually christen it, several names are frequently applied to the same animal in different localities until the name that can legitimately claim priority is sorted out. So the guppy has been called at one time or another *Poecilia reticulatus*, *Poecilia poeciliooides*, *Acanthopacelus reticulatus guppyi*, and *Girardinus guppyi*. The discovery of the guppy is generally credited to the scientist Girard who named the species for himself and a co-worker, Mr. Guppy. Technically one guppy is spelled *guppyi*, and multiple guppies *guppyii*.

Guppy is pronounced with a short *u* as in cup.

Guppies are born in litters of from two to more than a hundred every four weeks or so, beginning when the female is three or four months old. The first litters are always small; but as the female grows the number of young increases.

Young guppies are tiny mites at birth; but even so it is startling to see a female less than an inch and a half long produce fifty or sixty babies at a single birth.

The sex of guppies cannot be distinguished until the brief adolescence begins when the little fish are about three months old. Then the anal fin of the male, which during babyhood is fan-shaped as the female's fin continues to be, rolls up into a long, tubular, intromittent organ; and the gorgeous male color starts slowly, vaguely to shine all over the sides and the tail and the dorsal fin. Usually the black spots come first, then flashes of rose or yellow gleam during the short adolescent courtships. And at last the full grown guppy flaunts his inch of glory, arching his body into a tiny crescent, quivering with delight as he chases a stout, placid female twice his size, spreading his fins, waving his long anal fin, darting so fast that the act of mating is rarely seen by even the most intent human observers.

The babies can swim at birth—in fact, they can dart faster during the first precarious week than they ever will again. As they drop from the mother the tiny backs straighten out, infinitesimal tails kick, and they are off in the bushes before mama or one of the neighbors catches them.

Female guppies have a voracious appetite for their own children, so it is wise to provide plenty of plants for the babies to hide in. Floating, fine-leaved plants that provide a meshed thicket—as cabomba, nitella, and riccia do—are most suitable. The natural

habit indoor plants have of leaning toward the light is an advantage, as the babies dash for the sun as soon as they are born.

Once impregnated the female guppy continues to bear young at four week intervals for at least four litters. She may remain fertile for the rest of her life. The period between litters may be shortened slightly by increased temperature and liberal feeding, or it may be delayed indefinitely by very low temperature.

More male guppies are born than females. But the males are smaller, weaker, so the sexes are usually even by the time the fish reach full maturity.

Guppies are amazingly hardy. They will live almost anywhere, in mud puddles, milk bottles, tanks with sea lions, or the bowl the gold fish died in. They eat raw meat, dog biscuit, chopped spinach, mosquito larvae, fish food, and guppies with equal avidity. So if it were not for human fallibility and acts of God all the fish bowls in the world would teem with guppies. Just take the case of one female guppy: Say she has ten children a month (average number) for two years, and that half of them are females. That makes two hundred and forty guppies, of which one hundred and twenty are females, or five female children a month. The first five, beginning at the age of three months, will have one thousand and fifty children in twenty-one months. The next five will have nine hundred in eighteen months; the next, seven hundred and fifty in fifteen months; the next, six hundred in twelve months; the next, four hundred and fifty in nine months; the next, three hundred in six months; and the youngest girls one hundred and fifty in three months. That makes a total of fifteen thousand six hundred and forty first and second generation descendants of one female guppy in two years. I think we needn't count great-grand-guppies, great-great-grand-guppies, and great-great-great-grand guppies. But it might keep the children occupied on a rainy afternoon.

The fact that guppies are small and pretty and hardy and prolific, that their life cycle is in no way interfered with by captivity, makes them, to my mind, ideal pets for children, and very excellent source material for sex education. We all know that the farm child learns simply and naturally how life is made from his association with animals; while the city child is far more likely to learn from nasty minded little bipeds who sneak around dark alleys and whisper fascinating, though probably garbled, obscenities. But I think that that hazard can be eliminated if the city child grows up knowing the living habits of some animal as a matter of course. And since it is difficult to keep chickens, guinea pigs, or even white mice in the average apartment, guppies seem to be the answer. I suggest that parents who think guppies would be helpful in enabling children to recognize unself-consciously that reproduction is a universal habit obtain their guppies while the child is very young so there will be no ponderous, half-timid, half-mysterious 'Now, darling, mother's going to tell you where little babies come from' air about it. It seems to me that knowledge which comes naturally and effortlessly is accepted simply for what it is. But it is important that it be the truth.

## A HIGH SCHOOL EDUCATIONAL PROGRAM IN SOCIAL HYGIENE

HAZEL V. SMITH  
*Benton Harbor High School, Michigan*

In the development of our social hygiene program in the Benton Harbor High School, we work especially through the biology and sociology classes. As a teacher in these departments, I would say that our objectives in social hygiene are mainly the integration of the complete personality, an enrichment in companionship, a sensitiveness to beauty wherever it may be found, a reasonably good understanding and appreciation for the biologic foundations of living, and a fair perspective of one's own place in the life stream and social trends. Our classes are companionable. In biology, we use attractive specimens in class work, not dried up, weazened, or offensively smelly objects. We live near the shore of Lake Michigan, in beautiful dunes and river country, and we get generous supplies for classes to handle, observe, and enjoy.

Usually our first study trip away from the school campus and marsh is out at Marvin's Slide, a shifting dune of great beauty, clear yellowish-white sand high above the maples, beech, cherry, and pines, a dome silhouetted against the sky, and it charms these boys and girls. We are well on the way to an understanding friendship by the time we have helped each other up that dune, turned handsprings on the summit, run, slid, and tumbled down the long slope to the lake, waded in the water, gathered wood and carried it high up the dune, cooked our supper over the campfire, found our way in the moonlight—or rainstorms—out of the woods and home again.

The field work opens up the way for more personal guidance later. These children respond to the out-of-doors, study of nature, of stones, plants, animals, stars, and they accept with an often pitiful gratitude teaching and counsel in human development for home-making and reproduction. Any time, whatever the work may be, that some scientific study of human development, reproduction, home environment, emotional conflicts, population limitation factors—anything that is needed happens to fit in with our work, we go ahead and explain and discuss these factors and relationships. There is nothing artificial or forced about our work, and we get results.

We use generous supplies of De Schweinitz' *Growing Up*, McAndrew's *Orientation Handbook*, and have several hundred pamphlets from the American Social Hygiene Association and The National Committee on Mental Hygiene. These pamphlets are studied by the boys and girls, to understand better their own sex first, and then to read the pamphlets written primarily for the opposite sex, as it is not enough to be acquainted with the development of but half of humankind. These pamphlets are in the classroom, in an exhibit groove fixed purposely for pamphlets. An A.S.H.A. exhibit screen above one of our bookcases acquaints students with much available material. The High School library is well built up in reading supplies for the study of family and home. Our supplies are paid for considerably from school funds. Our next job is that of helping the City Library to include certain social hygiene books we want.

We are well supplied with calf embryos of different ages, and often the whole ovary, cotyledons, calf and all, will be donated to us by a science student whose father runs a slaughter house. The interest in these is astonishing, and the ignorance betrayed in questions from fifteen-year-olds shows the need of the training we're giving them. Our human baby specimen is five months developed, a boy. The students have named him "Joseph." We were especially proud of our human twins, preserved ones, borrowed, and perfect in their amnion sacs, six weeks developed. All the students were fascinated by the tiny forms. These embryos help greatly in our illustrating cell cleavage and growth, as our clay models and our home-made charts help much, but are insufficient without real specimens.

A study of heredity, differential birth rates and population trends, various family records including our own, accompanies our study of the present day family. We have many questions discussed in small groups of three to five students each in the class room (sociology) and then we pool our ideas and conclusions in the general class later. Individual participation and high valuation for the individual as a person mark our treatment of these students.

We have frequently had nature and human-study groups out to cottages in beautiful ravine-parks along Lake Michigan where they have great fun, get training in home cooking, meal planning, natural science afield, and training in getting along with each other. Friendships that will last a lifetime have grown in our work.

When we use such a film in our school as *How Life Begins* we do not use it as a "show" in the auditorium, but we run the reels all day long in a fair sized classroom. Science classes, and any from study halls who please (and they all do) come to see the pictures. The atmosphere is one of scientific study and learning, free from foolishness, and from the excitement common in auditorium programs. Parents also borrow supplies, and schedule social hygiene talks for P.T.A.'s.

Boys and girls, after graduation, sometimes return to talk over their own engagements and marriage, and to get track of further aid

for themselves. Younger students sometimes bring in books that have been given them elsewhere, to have them evaluated. Some of these are highly exaggerated, effusive, and in error. Occasionally we find some perverted trash advertised and given to students. We are convinced that in forestalling and in overcoming these practices, and in building up delightful, vigorous comradeships, mental associations in beautiful places, going to places of natural beauty often enough to have the habit of being there, definitely studying family relations, health conditions, having much music, and study of civic affairs, keeping in touch with students, often, into the years after leaving school, that a foundation for more satisfying living is made.

A city-wide school guidance program with a full-time psychiatric-guidance worker added to our staff this year is making a good beginning.

We are trying to build up our share of a generation of men and women who will not get their pleasures in trashy trivialities, be sneery or ashamed, but who will live positively, clear-eyed, and be too intelligent and wholesome to be "easy-marks" for anybody. We want them to live in companionship with much that is vigorous and beautiful. We want them to have a public conscience, to have a lively share in determining community trends; and a few we are preparing for national service.

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The present sex conduct of youth is vitally important, for it sets the standards and attitudes and ideals that carry over into marriage. If these are low, the standards in marriage will be low and the chances of a happy and successful marriage will be lessened. And rarely, if ever, is love so magical that it can suddenly transform low-level sex conduct into that which is wholesome and uplifting. This means that we need to help youth find sound codes and ideals for sex conduct, to help steer them through the experiences leading to marriage, and to provide counsel when they desire it. It also means, I am convinced, that those of us who are leading youth must help analyze their experiences leading to marriage in the same frank and level-eyed way that the young people themselves are doing and must meet their every argument with the best of scientific fact and human experience.

NEWELL W. EDSON.

## EDITORIAL

### YOUNG THINGS GROWING

Spring is the season when new life surrounds us, and it seems appropriate that this May issue of the JOURNAL should be given over to the interests of childhood and youth. The various articles and items, however, bring home to the reader the truth of the proverb that he who serves is also served. Who doubts that parents, teachers, social workers, physicians, and all others who plan and work and often sacrifice their own interests to give the younger generation a better chance in life, find themselves in return with broadened vision, quickened minds, and the general sense of being refreshed and renewed which invariably come from contact with young growing things?

There is no more stimulating educational process than to live among a group of children and young people. In presenting the glimpses of young life shown here through the viewpoints of the different writers the JOURNAL has sought to capture for the reader for a little while the mood that comes from such an experience, as well as to furnish practical information on the relation of certain aspects of social hygiene to the younger generation. Naturally, limitations of space compel the omission of other viewpoints and material which would be both valuable and important. If any of our readers have questions or suggestions for further discussion we hope they will not fail to let us hear from them.

As suggested in the editorial note at the beginning of Dr. Snow's article, *The Newest Generation*, we shall appreciate particularly comments and opinions from our members and friends as to the value of such material for use in acquainting the general public with social hygiene and its relation to everyday life. May we also ask for advice and suggestions regarding the most effective way of getting the JOURNAL, NEWS and other of the Association's publications and materials into the hands of more people? Your help in this will be gratefully received.

## NEWS AND ABSTRACTS

**U. S. Children's Bureau Accepts Responsibility for May Day Child Health Program.**—All who are interested in children will be glad to know that the termination of activities of the American Child Health Association does not mean that May Day will no longer be a special occasion for celebrating child health and welfare. General satisfaction is also felt that the program will henceforth be under such capable and appropriate direction as that of the United States Children's Bureau, which, in cooperation with other Federal agencies, at the request of the State and Provincial Health Authorities of North America, early in April took over the responsibility for this year's Child Health Day.

*Health and Security for Every Child* is the slogan for the 1936 program, which is planned to assist each State and community to review the Social Security provisions and other measures for child health and welfare, and to make plans for their further development. All State and local health officers and organizations and agencies concerned with children are urged to take the leadership in development of this project. In announcing the program, the Bureau says:

Since Federal aid is now available for maternal and child health, for the care of crippled children, for extending child-welfare services, and for aid to dependent children, State public-health and child-welfare officials have submitted plans for State cooperation. Many of these plans have been, or soon will be, approved. The next step is, so far as funds are available, to put them into effect in each county and community so that the benefits will reach the children for whom they are intended. On each community rests the obligation to determine the needs of its own mothers and children, the local agencies available to give maternal and child-health and welfare services, the State aid offered, and the local funds required for the extension of such services.

The program suggested for May Day was:

1. State broadcast and newspaper releases to inform the public of the State plans for the health and security of children.
2. Speeches by State and local health and child-welfare officials.
3. Where possible local conferences on community needs and on the program for maternal and child health and welfare.
4. Programs by schools and children's organizations on the attainment by each child of his best physical condition, the avoidance of accidents and disease, and the use of recreation for maintaining health.

To assist in understanding and interpreting the program, Miss Katharine F. Lenroot, Chief of the Children's Bureau, has prepared a statement (Pub. No. 5604) describing the application of the Social Security Act to such aspects of maternal and child-health services as are assigned to the Bureau for administration, and to those interested Bulletin No. 1, *Grants to States for Maternal and Child Welfare Under the Social Security Act*, is recommended for further information and guidance.

**A New Commission on Educational Policies.**—Created by joint action of the National Education Association and the Department of Superintendence in December, 1935, the Educational Policies Commission has been appointed for a five year term to draft a long-range program for the improvement of American education. The Commission's purposes are announced as follows:

1. To stimulate thoughtful, realistic, long-term planning within the teaching profession, looking toward continued adaptation of education to social needs.
2. To appraise existing conditions in education critically and to stimulate desirable changes in the purposes, procedures and organization of education.
3. To consider and act upon recommendations from all sources for the improvement of education.
4. To make the best practices and procedures in education known throughout the country and to encourage their use everywhere.
5. To develop understanding and cooperation among all organized groups interested in educational improvement.

The Commission is empowered to hold meetings, call conferences, conduct studies, issue pronouncements, and adopt such other procedures as may be necessary to the accomplishment of its purposes. A first step has been to seek the assistance of a representative group of educational leaders who will act as consultants *ex officio* and aid the Commission by giving opinions on educational issues and problems, reporting conclusions of special groups *et cetera*. It is planned to hold conferences with other groups which are in a position to contribute to the solution of selected problems. Through articles in educational journals and otherwise, the Commission will attempt to keep the educational profession informed as to its purpose, policies and activities. Its work is financed by a grant from the General Education Board.

At its first meeting held in Chicago, January 17-19, 1936, the Commission selected as its chairman Alexander J. Stoddard, Superintendent of Schools, Providence, Rhode Island. The secretary is William G. Carr, and inquiries, suggestions and other communications should be addressed to him at 1201 Sixteenth Street, N. W., Washington, D. C. Dr. William F. Snow, General Director of the American Social Hygiene Association, has been asked to serve as a consultant to the Commission.

**Second Conference on College Hygiene.**—Among the notable health conferences scheduled during the present year is the Second National Conference on College Hygiene, to be held at the Wardman Park Hotel, Washington, D. C., December 28-31. The first conference was held five years ago, 1931, in Syracuse, New York.

The primal purpose of these Conferences is to promote comprehensive and constructive programs of health, including the teaching

of health and health services, in the institutions of higher learning in the United States. The work of this year's Conference will be built on the foundations laid down at the Syracuse Conference.

The recommendations made by the first Conference will be reviewed and appraised at this year's meeting and the newer developments along the lines of college health programs which have occurred since then will be duly considered by the working committees.

The Conference sections are: I. *Health Service*, Dr. Warren For-  
sythe, University of Michigan, Chairman; II. *Health Teaching*, Mrs. Kathleen W. Wootten, Georgia State College for Women, Chairman; III. *Organization and Correlation*, Dr. Thomas A. Storey, Stanford University, Chairman; IV. *Special Problems*, Dr. Jesse F. Williams, Columbia University, Chairman, and V. *Relation of College Hygiene to Teacher Training and Secondary Schools*, Dr. John Sundwall, University of Michigan, Chairman. This last-named section, which is new, will concern itself with a study of health programs in teachers colleges and high schools. All of these sections have sub-committees which are working on various phases concerned with the problems of their section. Indications are that the Washington Conference will be widely attended and will receive the support of many of the professional organizations whose interests are concerned with the college hygiene field. Letters of announcement have been sent to the presidents of 900 colleges and universities in the United States and Canada urging them to send delegates to the Conference and many have accepted.

Dr. Livingston Farrand, of Cornell University, is president of the Conference. Dr. William F. Snow is Chairman of the Conference Organizing Committee, and Prof. Maurice A. Bigelow serves as Chairman of the sub-committee on Social Hygiene under the Section on Special Problems.

**New York State Holds a Conference on Marriage and the Family.**—A State-Wide Conference on Marriage and The Family was held in New York City Friday, June 5th, and Saturday, June 6th, at the Hotel Roosevelt. The purpose of this Conference was to bring the family into the foreground of social concern and to focus attention on ways to anticipate and prevent the breakdowns that now occur in marriage and family life.

The preliminary announcement stated: "The program of the Conference will not only emphasize the services of the home, the school and the church; but will stress the responsibility of the State for the protection of marriage and the conservation of the family. Twenty-five years ago we concentrated our attention upon the child; fifteen years ago we discovered the need for parent education; today we must consider the family as a social unit and what can be done to develop the highest type of family in the changing social order."

Sessions were as follows:

**Friday, June 5th:**

10 to 12 A.M. General Session. Topics: *The Family and the Present Social Scene. The Family and the Individual.*

2 to 3 P.M. General Session. Topics: *Education and the Family; Public and Private Agencies and Family Protection.*  
3 to 5 P.M. Round tables. Topics: *Coordination of State Functions; The Church and the Family; The High School and the Family; The College and the Family; Women's Organizations and the Family.*

**Saturday, June 6th:**

9:30 to 10:30 A.M. General Session. Topics: *Economic Changes and the Family; Psychological Problems and the Family.*  
10:30 to 12:30 A.M. Round Tables. Topics: *Guidance of Youth; Parent Education, Consultation Centers; Changes in the Marriage Law.*  
2 to 4 P.M. General Session. *Reports of Round Tables. Summary of Conference.*

On Friday evening a dinner meeting was held, with addresses by Governor Herbert H. Lehman, on the subject *Marriage and the Family and the Responsibility of the State*, and by Dr. A. W. Beaven, President, Colgate-Rochester Divinity School, whose subject was *The Church and the Family*.

Other conference speakers and discussion leaders included: Professor B. R. Andrews, Dr. Ruth Andrus, Professor Ray E. Baber, Mrs. Beatrice Bishop Berle, Professor Maurice A. Bigelow, LeRoy E. Bowman, Homer Folks, Professor Joseph K. Folsom, Dr. William J. Fordrung, Dr. Sidney E. Goldstein, Mrs. Sidonie Gruenberg, Fred S. Hall, Judge John Warren Hill, Dr. John H. Lathrop, Professor E. C. Lindeman, Dr. J. L. Meader, George J. Nelbach, Dr. Valeria H. Parker, Margaret Rich, Professor L. D. Rockwood, Mrs. Almeron W. Smith, Dr. William F. Snow, Rev. Floyd Van Keuren and Rabbi Stephen S. Wise.

Agencies and individuals in the State who are especially interested in family problems and family relationships were invited to share in the Conference, each participating agency being asked to name from three to five delegates, and nearly five hundred persons attended. The registration fee of \$1.00 admitted delegates to all sessions except the dinner meeting, which was also attended by approximately two hundred.

The Conference was unusually profitable and promises well for future development of interest and action along sound lines. It is hoped that the Continuing Committee which was provided for will be able to print the proceedings.

**The Case of Youth vs. Society in a Rural Village.**—Morrisville, Vermont, a village of three thousand population, has the honor of being the first small town to conduct a "Youth Trial" along the lines of the project held last May in the Oranges, New Jersey. Following the description of the Orange trial as it appeared in the JOURNAL OF SOCIAL HYGIENE (See *The Case of Youth vs. Society*, by Wayland D. Towner, October, 1935. Reprinted as Pub. No. 959. 10 cents) the young people of the Epworth League took the lead in getting up the case for the prosecution. A youth grand jury spent some weeks in preparing an indictment which charged the village with "ignorance of and indifference to the problems of youth," in reference to morals, health conditions, recreational facilities and employment. This indictment was presented and the testimony for the

prosecution given at the opening session of the trial, held on Sunday evening, March 4th, in the Methodist church auditorium, with a full roster of bona fide court officials present and regular court-room procedure observed. Various young people, in response to the questioning of the prosecuting attorney, and cross examination by the defense attorney testified to the lack of proper education and example for young people, in respect to health, the inadequacy of recreational facilities, and other items in the charge. An important witness was the state supervisor of high schools, formerly principal of People's Academy at Morrisville, who corroborated the young peoples' testimony regarding the lack of recreational facilities, and gave estimates of what it would cost the Village to make proper provision in this respect.

The second trial session occurred on the next Sunday evening, when the defense testimony was presented by members of the local parent-teacher association and other representatives of the adult population. These witnesses described the efforts already made to provide proper education and recreation for both young and old, calling attention especially to the winter sports program carried on during the past months, and the progress made under WPA projects for tennis, outdoor basket ball, as well as the new community golf course *et cetera*. Following the summing up by counsel, the jury after brief deliberation brought in a verdict of "guilty" on three of the four counts in the indictment, to wit, "youth is being led into unwise smoking and drinking by the attitudes and conduct of their elders; lack of leisure-time facilities and of recreational programs for youth; lack of vocational guidance and training in school, resulting in youth being unprepared for employment." The Village was found "not guilty" on the charge concerning health. The presiding judge, sentencing the Village to "probation for one year," ordered it to mend its ways in the places wherein it had been found "guilty," and in case of failure, the youth were instructed to bring in another case at the end of the year.

The Rev. Lawrence Larrowe, pastor of the Methodist church in Morrisville, and author of *Social Hygiene Education in Rural Communities*, which appeared in the May, 1935, JOURNAL, writes that the project worked out splendidly.

"It just happened that as the time drew near when we had planned to stage the trial, some of the parent-teacher members were wishing something could be done to stir up interest over the "street-corner gang" and lack of something for young people to do. So they were glad to take part in this way. 'Mock trials' have been known here, but nothing about a trial which was an educational feature. The array of court officials, jury, defense and prosecution committees and counsel was impressive. At the first session over 200 people were present, and the interest was intense. At the final session the church was packed, with standing room only. I believe that more thinking has been stimulated on community problems than has been done in a long time. Everybody was quite pleased with the plan, and we are passing it along to other communities nearby."

As in the Orange Youth Trial, the press was of important assistance in arousing public interest. Advance announcements, thought-

fully worked out advertisements, and detailed reporting of the sessions in the local newspaper, the *Morrisville Messenger*, helped to make the trial known not only in the Village but in other localities.

The JOURNAL would be glad to have word from other communities which have used or are expecting to use the Youth Trial plan.

**Junior League Training in Community Health and Welfare.**—Fairmont, West Virginia, a town of about 23,000 population, has been the scene of a study project during the past three years which is particularly interesting from two points of view: first, because it was made by some of the younger citizens of the community, second, because the facts discovered and the recommendations made have served as a practical basis for improving conditions. Mrs. Russell L. Furbee, president of the Junior League of Fairmont, who asked us at the beginning of the study for suggestions as to the evaluation of community work against venereal diseases, writes as follows concerning the progress of the project:

Provisional members of the Junior League are the new girls chosen for membership each year by the different Leagues. However, before these girls are admitted to active membership they must satisfactorily pass a course of study, the object of which is to acquaint them with the social, educational, cultural and civic conditions of their community and to bring clearly before them the many problems that confront the social and welfare groups of the community. We believe that with this first-hand knowledge and training they will in turn be more efficient and intelligent in their work in the League as well as in their volunteer service in the other agencies.

In 1932 the Provisional Training Course Committee of the Junior League of Fairmont planned as a part of the provisional course for that particular year a community survey, to be made under the direct supervision of Mrs. A. Dean Showalter, a past president of the local League. As a basis for this study they used an outline by Margaret F. Byington, *What Social Workers Should Know About Their Own Communities*. This outline was recommended to us by the Association of Junior Leagues of America. It is comprehensive, adaptable, easy to follow and is published by the Russell Sage Foundation.

There were six provisional members the year that the survey was first made and they met every week for two months. Special assignments were given to the girls in groups of two. After they had secured all the information possible from persons of authority in the city, county and state and from documents, they discussed their findings at their weekly meetings using the questions from Miss Byington's outline as a basis, and exhausting every possible source to obtain the information they desired. These investigations were finally assembled by them in the form of a report. The different subjects considered and written up were: Historical setting of Fairmont, city administration, housing, industry, an estimate of the health

work done in the city, including prevention and treatment of venereal diseases, education, recreation, the family, agencies for the welfare of families, the problem child, the aged and finally the possibilities for community organization. These accounts proved so interesting and revealing that they were compiled by Mrs. Showalter. The result, a sixty page typewritten report, *A Community Study of Fairmont, West Virginia*.

The following year, 1933, found a great many changes necessarily brought about in our city and county administration, due to the new tax laws and the Federal Relief program. The provisional members this year, as a part of their training course; under Mrs. Showalter's guidance, made new investigations and revised the Survey and brought it up to date. In 1934 the provisionals were assigned different phases of the survey of which they made a detailed and complete study, elaborating on each part and noting any changes. These reports were not compiled but excerpts from them which revealed some very specific, immediate needs in our health program were printed in the local newspapers, as a series of special articles. One of these articles\* dealt at length with the local venereal disease situation, pointing out the need for increased facilities for treatment.

This past year the provisional members have made a thorough study and discussion of these findings of the other three years. They have all felt that it gave them a vivid picture and clear understanding of the community and they seemed more interested in it than in any part of the course.

Besides the use we ourselves have made of this study, it has proved to be very interesting to a great many citizens in the city and county. A copy was placed in our city Library and the Librarian said it was used more than any book in the Library. It was also received with much consideration by the Council of Social and Civic Agencies of Fairmont. Different groups in the city and county in presenting projects for which they hoped to receive Federal and State aid have used the data and information contained in the survey that pertained to their particular project. For instance a committee in working out plans to present for aid in establishing a county health unit and county hospital used the information we had obtained extensively. To be more concrete, I might cite a situation with which I was personally connected. A Health Committee from the Council of Social and Civic Agencies found the information in the Survey valuable in determining the circumstances as to the enforcement of the milk ordinance and other sanitary laws of the city. Whether or not it was due to these investigations, steps have been taken to improve these special conditions.

The League has received favorable comment from our State Health Department for this work and copies of the study were made by the Department and sent to the other Junior Leagues in the State. The Service League of Morgantown, West Virginia, is using it as a guide for a study they are making of their city. Copies have been sent to the Health Departments of the States of New York and Ala-

\* The headlines were—"High Venereal Disease Rate in Community"—"Junior League Survey Finds Public Ignorant of Local Situation."

bama and to a Health Committee in Washington County, New York. Besides the above, several other inquiries have been answered concerning the study and our procedure in compiling it. At the present time it is being used by those in charge of the National Youth Administration work in gathering material concerning this vicinity. Those in charge tell me they have found it very helpful in discovering just what has been and is being done for the youth of this county.

To groups who desire first-hand knowledge regarding their community and who wish to bring this information to the attention of its citizens, we recommend very highly such a study. It will undoubtedly bring to the foreground salient needs and they in turn will receive proper consideration from their local public spirited groups. It will give them an honest evaluation of their community, which they have in all probability not had before this time.

Judging from our experience, we believe that it is an excellent and worthwhile venture for organizations such as the Junior League to undertake. It not only shows the members where they are most needed, but also provides for a practical part of a training course for any organization. It is a splendid way to give new members a deeper understanding of community institutions, conditions and needs, and as a consequence prepare them for their work of intelligently helping others.

**Human Betterment Foundation Reports for Year.**—With the year ending February 11, 1936, the Foundation announces the completion of ten years of intensive study of sterilization as an aid to eugenics. During the past year the major project undertaken by the staff has been a second complete case study of the workings of the sterilization law in California, begun in 1932 in collaboration with the State Bureau of Juvenile Research. A preliminary report of this study, by Drs. Norman Fenton and Paul Popenoe, was published in the October issue of the *Journal of Juvenile Research*, and the full report is expected to be ready for circulation in the spring.

The foundation finds its pamphlets and reports much in demand by colleges and universities, more than 40,000 copies of such material having been sent out in response to requests received during the year. A new pamphlet "Human Sterilization Today" has been prepared to take the place of previous material, and embodies all of the most important data. Among other activities the usual lecture service to selected groups has been continued, a newspaper feature, "Social Eugenics," the first regular one of its kind, so far as is known, has been conducted through the cooperation of the *Los Angeles Times*, with very satisfactory results, and an exhibit which attracted much attention was shown at the San Diego Exposition in the Palace of Science.

Surveying the eugenics scene during 1935, the report mentions the following events: A revision of the California sterilization law was introduced before the legislature and met with unanimous approval of the state officials and others concerned and interested, passed the Assembly, but was lost in the Senate during the confusion of closing days. South Carolina was the only state officially to join

the sterilization group during the year, a sound law, modeled after that of Virginia, having been adopted and put into force. Laws were adopted by the legislatures of Georgia and Alabama, but were vetoed by the respective Governors. The Oregon legislature in special session revised its sterilization law for greater practicality. Nebraska has also adopted a revision which it is believed will be advantageous. Among foreign countries, Finland and Sweden put new sterilization laws into effect during 1935. Nearly 900 operations were performed in California institutions during the year, and the following states have now performed more than 1,000 sterilizations each: California, Kansas, Michigan, Minnesota, and Virginia.

Mr. E. S. Gosney, President of the Foundation, continues to maintain a vigorous part in the organization's activities. His efforts were temporarily slowed down during the fall, while he underwent a serious operation, but he emerged from this with renewed vigor and recently celebrated his eightieth birthday in excellent health. He continues also his generous monetary support of the Foundation's program, which he has largely financed from the beginning.

**Reducing the Risks of Motherhood.**—With the keynote *Early and Adequate Care Reduces the Risks of Motherhood: Father Plays a Leading Rôle*, the Maternity Center Association has launched its sixth annual campaign to focus attention on the needless waste of mothers' lives in childbirth, and to develop better maternity care. Mrs. Shepard Krech, the organization's president, issues the following statement:

Experts tell us that *over half* of our maternal mortality of 15,000 a year *could be prevented*. In other words, in 8,000 homes last year mothers died who did not need to die. They were homemakers of 8,000 families in many of which were children. It is needless to point out the social consequences of these deaths. Aside from the family tragedy and unhappiness resulting, broken homes with their attendant problems help to fill the delinquency courts, to bring disaster to many young lives.

The crime of it is that although we know enough to prevent these deaths, they are not being prevented. The general death rate never was lower. Diphtheria and tuberculosis are on their way out as public health problems. We know enough to reduce maternal mortality as much as tuberculosis has been reduced during the past quarter of a century. But ever since we have had statistics in the United States the death rate among mothers has remained nearly stationary. Maternal deaths last year were nearly half as numerous as automobile fatalities, about which the Nation was so thoroughly aroused. There were 15,000 known maternal deaths compared with 36,400 automobile deaths.

The maternal mortality rate in the United States is estimated to be among the highest in the world. While this statement has been questioned from time to time because of the different methods of classification of deaths in various countries, the United States Chil-

dren's Bureau in a recent study \* declared that "No matter what method of procedure is used, the United States retains an exceedingly high rate as compared with other countries."

### *What Is Adequate Maternity Care?*

If these deaths are preventable, how, then, can they be prevented? It boils down to a six-fold program:

1. A complete medical examination early in pregnancy
2. Regular and frequent medical supervision of prospective mothers
3. An aseptic delivery under the supervision of an obstetrician
4. Supervision, care and instruction until the mother is able to resume her work
5. Examination of the mother at six weeks, three months, six months and one year after the baby is born
6. Arrangements for continuous medical supervision of the baby.

### *Upon Whom Does the Responsibility Rest?*

*First, upon the prospective parents themselves.* One of the purposes of the special Mother's Day effort this year was to tell expectant mothers what care they should have. The late Dr. Whitridge Williams of Johns Hopkins University said: "When the women of America realize the value and need for maternity care they will demand it. Then and only then will they get it."

*Second, upon the medical profession generally and each member of that profession who cares for pregnant mothers.* This group as a whole is struggling virtually unaided in many communities.

*Third, upon the social and health agencies, public and private.* The duty of this group is to find mothers in early pregnancy and to direct them to places where adequate care is given.

\* \* \* \* \*

The Maternity Center Association, 1 East 57th Street, New York, upon request will gladly supply suggestions for the conduct of special educational efforts in local communities.

\* *Comparability of Maternal Mortality Rates in the United States and Certain Foreign Countries, 1935, Publication 229.*

## CURRENT PUBLICATIONS AND CORRESPONDENCE

### HIGH SCHOOL BOYS AND GIRLS AND EDUCATION FOR MARRIAGE

In his article *Some Mate Selection Standards of College Students and Their Parents* in the March issue of the JOURNAL, Prof. Ray E. Baber brought out some remarkably interesting facts as to qualities and attributes considered desirable in marriage by young people. A recent article by Gertrude Burgess, of the faculty of Consolidated High School, Morley, Michigan, regarding opinions on similar matters among high school students, is a worthy supplement, and illustrates well the way in which social hygiene instruction proves its value.\*

The instructor, believing that her own high school education would have been more complete and satisfactory had she received sex instruction during adolescence rather than later during college, and seeking for a way to check the circulation of vulgar and obscene written material among the students, suggested a course in sex hygiene. Before organizing the course early in 1932, a letter was sent to parents of junior and senior students, describing the content of the proposed course, and asking for a frank reply to the question: "Would you prefer that your children get sex information through such school instruction, or that they pick it up elsewhere, or do you feel that they gain sufficient knowledge along this line without its being taught in school?" Of forty letters sent out, 38 favorable replies were received, and classes to run two weeks were formed. Boys and girls were taught in separate groups, and the month of March was chosen as being not quite so crowded with other activities. The lecture method was followed for the most part, with a question box once a week and opportunity for personal conference.

The response to these first courses was most favorable, not only from the students, but from parents as well, and early in May a group of mothers of the boys and girls requested evening classes covering the same ground. These were held two nights a week until the course was completed. A decided change in student attitude was observed. They seemed to be cleaner both physically and mentally. Some criticism was made of the courses. Students claimed not enough time was given. Mothers of boys and girls in the ninth and tenth grades felt that their children need the instruction also. To meet these suggestions the course as given in 1933 ran for three weeks instead of two, and included the younger groups. Again favorable responses were received from both students and parents. The effect on the school as a whole was becoming more noticeable. There was less

\* *Development and Results of a Sex Hygiene Course in a Consolidated High School.* p. 170. *Public Health*, published by the State Health Department, Lansing, Michigan.

vulgarity apparent in talk, actions and written notes. More students were coming to the instructor for confidential chats and advice.

The next year saw still further interest and growth, and in the spring of 1935, by general request, the class was given for six weeks. To keep the classes small they were divided into four groups, older and younger boys, and older and younger girls, the ninth and tenth graders being still included. Success again occurred, and in 1936 it is planned to make this course a semester subject, and to give credit for it.

Among the topics taken up in the course, aside from the basic facts of sex hygiene, were: personal hygiene, mental hygiene, manners and conduct at all times; social problems that come up in the life of young people; foundations for happy marriage; and fundamentals in bringing up children. At their own suggestion, about 115 high school students listed the qualities boys and girls found desirable and undesirable in the opposite sex. The results were posted on the bulletin board, that those who wished might profit by the suggestions made. Among these comments, quoted verbatim, were:

*Qualities Disliked*

*In Girls*

Smoking. Drinking.

Dirty, vulgar language  
Swearing, talking dirty and cussing a blue streak and thinking it's smart  
Gossip. Talking about another girl of whom she is jealous.

Girls who think they are better than somebody else. Snobbishness. Being overbearing. Stuck up. High hat attitude. Showing off in public. Loud in action and voice. Not friendly or pleasingly sociable.

Girls who are untruthful. Girls who choose bad or vulgar company. Who flirt with anybody and everybody. Who act hard-boiled.

Girls who use too much powder and rouge and lipstick. Lack of cleanliness, body odor, and carelessness in dress. Chewing gum in public.

Girls who try to act like boys. Who hang around boys. Who muss up boys' hair and hang around their desks.

*In Boys*

Smoking. If boys smoke in a car, I wish they would roll the windows down.

Drinking. If boys must drink, do so when not with me.

Vulgar stories and language  
Swearing and rough talk

Gossip. Talking of other girls, especially one he has gone with in the past, to another girl

Bragging or swell-headed. Thinking too much of themselves. All the time talking about how athletics couldn't do without them or how fast their car can go or how many cigarettes they smoke.

Boys who are two-faced. One who tries to make you think you are just right, but secretly going with other girls. Boys who lie. Who break dates. Who choose rough girls or bad company.

Boys who are not clean and neat physically. Clothes, body odor, hair long and uncombed, shoes unpolished, unshaved.

Boys who are unmannerly. Rude and rough. Bad table manners, noisy, not polite. Neglecting girl friend at party. Does not come to door but honks horn.

Girls who are too mushy, always kissing the boys, want petting and spooning. Who come up and put their arms around any boy or group of boys, anytime, anywhere. Girls who take advantage of boys by doing things they know should not be done.

Boys who are mushy. Girls get tired of sitting in cars and being "mauled". They like to do things that will better their social standing. Boys who are too familiar. Cannot keep their hands where they belong. Always asking for the impossible. Boys who will not leave a girl alone after they are told. Boys who always think they are boss.

### *Qualities Liked*

#### *In Girls*

Cheerful and pleasant. A good sport. Full of vim and vigor. Wide awake.

Not high toned. Polite. Friendly. Respectful to others. Proud of her parents. Kind in speech and action. Good listener.

One who acts and looks natural. Natural complexion. Clean physically and morally.

Interested and participating in sports.

Not noisy or boisterous. Speaks quietly. Acts like a lady. Does not quarrel.

Common sense. Mannerly. Self possession.

Interested in more than one boy.

#### *In Boys*

Cheerful and happy. Good pal and companion. Good hearted.

Courteous. Good manners on the street, at school, at parties and at home. Niece to girl friend's parents. Good conversationalist and good listener.

Clean in body and mind. Sense of humor, joking in a clean way. Honest, dependable, truthful and respectful.

I like boys who like girls that don't drink, smoke or pass filthy remarks.

I like boys who like girls that stand for their own rights and respect them for it.

The posting of these lists brought about a marked improvement in conduct and manners among the students.

Mrs. Burgess concludes her article by saying: "To have a successful course of this type certain factors are necessary. It is essential to have a teacher who has a knowledge of the subject matter as well as the method of teaching. The instructor must have also a wholesome attitude toward sex, and the ability to understand the students and have their interest at heart as well as that of the community and the nation. Another essential is cooperation. It is necessary to have the cooperation of other teachers in the school and the cooperation of the parents. Fathers and mothers who impress their children with the value of this subject and point out that they are fortunate to have the opportunity of being given this instruction are real assets. Others in the community also help with such remarks as "I hope that course will be given when my two boys get in high school."

"We believe that this course has done more toward building character than any other subject in high school. The work has developed, also, confidence between students and teachers, between students and parents, and between parents and teachers.

"Although the boys and girls speak of the value of the class at present, they will reap more of the benefits in the future. They will naturally become better citizens, with a better understanding of marriage. They will be stronger and healthier parents, thus improving the next generation."

#### WHAT HOME MEANS TO ME

The recent retirement of Dr. Hugh S. Cumming as Surgeon General of the United States Public Health Service, after many years of active service, brings to mind one of his 1935 radio talks which we believe will be of special import to JOURNAL readers. In part, Dr. Cumming said :

"For more than a quarter of a century, I have been actively engaged in attempts to better American standards of living—to protect the people and prevent disease and to encourage and promote better living conditions. For an even longer period of time, I have been vitally interested in home, my own home, the homes of others, because, from my early days in the medical school at the University of Virginia, I became aware that it is in the home and in conditions within the home that the first basic problems of health are met and solved.

"Fortunately, the American people as a whole have been inherently conscious of this. From the earliest colonial days, as a people we have striven to provide our families with the most comfortable and adequate living conditions within our power. Today, American standards of living, despite the catastrophes of the last five years, are higher than those of any other country in the world. However, I believe that no man, and it is certainly true of myself, ever achieves for himself or his family the ultimate he wishes for their comfort and well being. There is no danger that, because American standards of living are as high as they are, there will be a feeling of self-complacency, of standpattiness, on the part of the American home owner. In this I feel lies our salvation.

"Each of us in the every day life demands of home certain essential qualities that will make our lives a little more pleasant. We want to surround ourselves with things we cherish. We hold a certain inherent feeling, a carry-over perhaps from pioneer days, that home is a kind of refuge and place—in the words of Robert Frost, 'Where they have to take you in.' Home life, or I should say, home living, has been the one bright spot for thousands during the last few years, and without that final refuge, life would indeed be drear.

"But while my daily work has made me acutely conscious of the broader aspects of home and home life, of the social importance of the well managed, efficient, healthful home,—home to me, as to every man, has a deeper personal significance. After all, I suppose, professionally speaking, a home and a house are practically synonymous terms. We can talk of better sanitation, of better lighting, of better ventilation. But aside from this professional angle, to all of us a

home is something a bit different. It is the place where we can be ourselves; where we can indulge in simple, if sometimes undignified, pleasures, such as reading a favorite book with feet perched on a convenient table top. It is a place where we and those closest to us can cultivate those intimate ties of which so little can be said, but which mean so much.

"During my forty years of public service, it has been one of my greatest pleasures to watch a growing improvement in American homes. I am well aware that this is contrary to the oft expressed belief that, since the World War, people have spent less and less time in their homes, that America has taken to the road, and to the air, and that home has become merely a place to hang one's hat. I am quite ready to admit that America is taking to the road, is taking to the air, but in spite of it all, America is still continuing to come back home. Increased mechanical efficiency in the operation of the home; improved health on the part of the greater number of our citizens; and countless other things have made it possible for Americans to undertake new activities without sacrificing the most valued portions of the old.

"I hope that the advancements which we have made up to now are but forerunners of the time when all of our people—men, women, and children—will be provided for. That this time is approaching I have no doubt, and I see in the generations to come happy, healthy Americans enjoying the priceless heritage of home."

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BIGELOW, M. A. *Sex-Education*. Macmillan, 1916. A revised and enlarged edition will be published in June, 1936. New York. American Social Hygiene Association. \$1.00

\*CADY, BERTHA C., AND V. M. *The Way Life Begins*. American Social Hygiene Association, 1917. 78 p. \$1.50. Out of print at present but found in many libraries.

CHAPMAN, ROSE WOOD-ALLEN. *How Shall I Tell My Child?* Revell, 1912. 35¢

\*DE SCHWEINITZ, KARL. *Growing Up*. Macmillan, 1928. 111 p. \$1.75

\*DICKERSON, R. E. *Growing into Manhood*. Association Press, 1933. 100 p. \$1.00  
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JORDAN, M. J., ZILLER, M. L., AND BROWN, J. F. *Home and Family*. Macmillan, 1935. 418 p. \$1.60

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(10 cents each unless otherwise indicated)

AMERICAN SOCIAL HYGIENE ASSOCIATION.

*A Formula for Sex Education*. Pub. No. 778. 5¢

\**Health for Girls*. Pub. No. 831

BOWMAN, LEROY E. *Community Programs for Summer Play Schools*. Child Study Association of America. 35¢

BEATTY, GRUENBERG AND SMITH. *Sex Instruction in Public Schools.* Pub. No. 971

BIGELOW, M. A. *Established Points in Social Hygiene Education.* Pub. No. 820

BROWN, HELEN W. *Sex Education in the Home.* Pub. No. 844

EDSON, N. W.  
 \**Choosing a Home Partner.* Pub. No. 845  
 \**From Boy to Man.* Pub. No. 626

EXNER, M. J. *The Question of Petting.* Pub. No. 853

GRUENBERG-EXNER-RICHMOND. *Sex Education.* Pub. No. 923

GALLOWAY, T. W.  
*Human Nature Studies for the Early Grades.* Pub. No. 613  
*Social Hygiene in Health Education for Junior High Schools.* Pub. No. 615

GARDINER, RUTH K. *Your Daughter's Mother.* Pub. No. 319

GAVIT, JOHN P. *Some Inf'mation for Mother.* Pub. No. 532

PARKER, VALERIA H. *Social Hygiene and the Child.* Pub. No. 542

POPENOE, PAUL. *Social Life for High School Girls and Boys.* Pub. No. 886

RICE, T. B. Three pamphlets published by the American Medical Association, Chicago. 25¢ each  
 \**The Story of Life.* For children. *How Life Goes On and On.* For girls of high-school age. *In Training.* For boys of high-school age.

TORREY, H. B. *Biology in the Elementary Schools.* Pub. No. 576. 25¢

†U. S. CHILDREN'S BUREAU—Four pamphlets: 10¢ each.  
*Infant Care.* Revised 1929. 127 p. *Prenatal Care.* 1930. 71 p. *The Child from One to Six: His Care and Training.* 1921. 150 p. *Guiding the Adolescent* (by D. A. Thom). 1933. 93 p.

†U. S. OFFICE OF EDUCATION. *Training of Elementary Teachers for School Health Work.* 5¢

†U. S. PUBLIC HEALTH SERVICE—Two pamphlets. 10¢ each  
*Sex Education in the Home.*  
*High Schools and Sex Education.*

#### Bibliographies

U. S. OFFICE OF EDUCATION. *Good References on Parent Education.* Pub. No. 44. Free

INTERNATIONAL COUNCIL OF RELIGIOUS EDUCATION. *The Church's Opportunity in Family and Parent Education.* 10¢

AMERICAN SOCIAL HYGIENE ASSOCIATION. *Selected References on Marriage and the Family.* Pub. No. 989. Free

For general bibliographies on social hygiene, including material on legal and protective measures, medical and public health activities, public information, popular health instruction, family relations and family counseling, et cetera, ask for *A Classified List of Social Hygiene Pamphlets*, Pub. No. 966, and *Books on Social Hygiene*, Pub. No. 969. Free.

Certain special numbers of the *JOURNAL OF SOCIAL HYGIENE*, are also valuable, notably the January, 1936, issue, containing the *Final Report of the Conference on Education for Marriage and Family Social Relations*; the March, 1936, issue, on *Marriage and Family Life*; the *Parents' Number*, May, 1934, and the *Church Number*, May, 1935. 35 cents each.

\* Recommended by many parents for reading to or by boys and girls—those by De Schweinitz and Torelle for childhood and the others for youth.

† All government pamphlets sold by Supt. of Documents, Washington, D. C.

## ANNOUNCEMENTS

**Last Month.**—We hoped our readers would like the *Health Education Number* of the JOURNAL, published in April, but we were quite unprepared for the enthusiastic comments which have come in from all sides. For those who have not seen this issue, we take this opportunity to say that copies may still be secured—35 cents each or free through Association Membership. Contents include: *New Brooms and Old Cobwebs*, a review of the status of social hygiene public information, by Jean B. Pinney; *Social Hygiene on the Air*, the inside story of the radio educational campaign of the New York State Health Department, by Thomas C. Stowell; *Eddy Blake Tries to Enlist*, a social hygiene radio play used in the New York campaign, and *Carrying Health Facts to Industry*, by Ray H. Everett, an interesting account of a year's work with Washington industrial groups. A good reference list of reading material is also included.

**And Previously.**—The March JOURNAL, a special number on *Marriage and Family Life*, and the January issue, the *Final Report of the Conference on Education for Marriage and Family Relations*, continue to be popular, and are valuable additions to the existing materials on this topic. Libraries, club and church groups, and all who are dealing with family problems will find them practical and helpful. 35 cents a copy.

**This Month.**—We shall have a limited number of extra copies of this *Childhood and Youth Number*. New memberships received during June may begin the membership year with this issue if desired. To non-members, the price remains as usual, 35 cents a copy.

**Next Month.**—The Fourth Annual Library Number of the JOURNAL will appear shortly as the June issue and we believe will be the best yet. In addition to the usual collection of classified book reviews, the *Social Hygiene Bookshelf for 1936*, and other usual items, contents include a symposium of brief articles on the use of social hygiene materials in various types of libraries, which should be of unusual value to all who are interested in social hygiene literature. Titles and authors speak for themselves and guarantee your interest: *Social Hygiene and the National Health*

*Library*, Isabel L. Towner; *Use of Social Hygiene Materials in the Illinois State Library*, by Harriet M. Skogh; *A Few Observations on the Use of a Social Hygiene Library* by a State Social Hygiene Society, by Dorothy W. Miller; *Social Hygiene in Large City Library*, by Carolyn F. Ulrich; *A Rural Library's Experience*, by Anna L. Mower; *Using Social Hygiene Materials in a Rural Church*, Pearl A. Winchester; *Medical Libraries, the Medical Profession and Social Hygiene Literature*, by Charles Frankenberger; *Social Hygiene Materials in a Hospital School of Nursing Library*, by Ethel Wigmore; *Books on the S Shelf*, by Florence Bradley; *Social Hygiene in the University Library*, Nathan van Patten. Enter your order promptly for this number, as our stock diminishes rapidly.

**The Social Hygiene News.**—It is a dozen years or more since we first undertook to get out this informal little news sheet to supplement the more dignified and comprehensive JOURNAL. Since then the News has covered a good deal of ground and has served numerous purposes. State and local activities, national staff news, new publications and materials, special announcements, and many other items have appeared in its miniature columns, but its chief function has always been to make new friends for social hygiene and the Association, and provide glimpses of what is going on in the social hygiene world which might not come to light in any other way. This service has become more than ever important of late, since staff field work has had to be limited from lack of funds, and we have tried to see that the News goes to as many key people in each state and community as possible. About 15,000 health workers, educators, church and club leaders, parents, Junior Leaguers, Health officers, nurses, physicians, and periodical publications now receive the NEWS each month in addition to the membership list. We are always glad to receive suggestions for additions to this group, and solicit your help in increasing its numbers in your community. *The NEWS is sent free if desired, but if you insist on paying for postage and printing, the yearly subscription is 50 cents. Free to members who pay the \$2.00 yearly dues, of course, as are the JOURNAL and pamphlet publications.*

THE AMERICAN SOCIAL HYGIENE ASSOCIATION has been since 1914 the national voluntary agency for social hygiene. Its purpose is to encourage, strengthen and preserve American family life, by such means as

Health Protection—through prevention and treatment of the health enemies syphilis and gonorrhea

Good Environment— influenced by provision for wholesome use of leisure time, exclusion of degrading amusements and repression of commercialized prostitution

Successful Living—amplified and safeguarded by sound sex instruction and education for marriage and family relations

The Association is glad to aid and advise all agencies and individuals interested in working towards these objectives, and seeks their cooperation in planning and carrying out the national program. The organization is supported entirely by voluntary contributions and membership dues, which come from every part of the country. Membership privileges include: the monthly JOURNAL OF SOCIAL HYGIENE; the SOCIAL HYGIENE NEWS; copies of pamphlets (on request); 10% discount on books in our selected list; library loan and reference privileges; advisory service from the staff.

**Annual dues, \$2.00. Library membership service, \$3.00.  
Society membership, \$10.00, with added privileges.**

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Inquiries	{	Suggestions
A contribution, or your name for membership		
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PUBLISHED MONTHLY EXCEPT JULY, AUGUST AND SEPTEMBER  
AT 372-374 BROADWAY, ALBANY, N. Y., FOR

THE AMERICAN SOCIAL HYGIENE ASSOCIATION

EDITORIAL OFFICES

50 WEST FIFTIETH STREET, NEW YORK CITY

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The JOURNAL OF SOCIAL HYGIENE is supplied to active members of the American Social Hygiene Association, Inc. Membership dues are two dollars a year. The magazine will be sent to persons not members of the Association at three dollars a year; single copies are sold at thirty-five cents each. Postage outside the United States and its possessions, 50 cents a year.

Entered as second-class matter at post-office at Albany, N. Y., March 23, 1922. Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized March 23, 1922.

Published monthly (nine issues a year) for the Association by the Boyd Printing Company, Inc., 372-374 Broadway, Albany, N. Y.

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# Journal of Social Hygiene

VOL. 22

JUNE, 1936

NO. 6

Fourth Annual Library Number

## EDITOR'S NOTE

*In assembling this Library Number for the fourth consecutive year, the JOURNAL has endeavored to supplement the articles and items previously published\* by presenting the experiences and views of various librarians who are regularly utilizing social hygiene materials, and dealing with the problems and satisfactions involved in making such materials helpful to their clients. The editors will be glad to hear from other librarians with comments, both as to the general topics discussed, or specifically as to ways and means of making the JOURNAL more useful in library work. Any suggestions on the method of presenting and grouping book reviews, or on the practical value of the Social Hygiene Bookshelf and other special lists, will be appreciated.*

*May we also take this opportunity to extend to Libraries not already enrolled for the Association's Library Membership Service a cordial invitation to use its special benefits? (See page 290)*

## SOCIAL HYGIENE AND THE NATIONAL HEALTH LIBRARY

I. L. TOWNER

*Librarian, National Health Library, New York City.*

For most of the readers of this JOURNAL, social hygiene need not be defined or explained, but they may not be as familiar with the National Health Library. In 1921 several

\* See *Social Hygiene and the Libraries*, JOURNAL OF SOCIAL HYGIENE, June, 1933; *Notes on a Year's Library Cooperation*, June, 1934, by Pearl A. Winchester, and *Behind the Social Hygiene Bookshelf*, June, 1935, by Jean B. Pinney. Also book reviews, *The Social Hygiene Bookshelf* and other items in each of these numbers. Also *An Amateur's Quest for Social Hygiene Books*, June 1931, and other articles in many previous numbers.

voluntary health agencies came together to form a cooperative organization, the National Health Council. One of the first acts of cooperation was to pool their libraries and form the National Health Library. The basis of that Library's collection of books and pamphlets on social hygiene was the library of the American Social Hygiene Association, one of the cooperating agencies. Since that time the library has served the staff and members of the Association as well as those of the other agencies which support the library.

One of the purposes of the A.S.H.A. is to make social hygiene knowledge available to special groups in the community, generally through a promotional and educational program. This objective is in line with the National Health Library's aims to promote interest in the publications and books approved by the agencies which support it.

In addition to books and pamphlets the library receives regularly about 500 periodicals by exchange or subscription. The articles of most value in these are entered in the card catalog and a select number are listed in the weekly *Library Index*. This is a four-page mimeographed publication in which periodical articles are classed under broad headings, such as, in relation to social hygiene, *Sex Education*, *Venereal Diseases and Delinquency*. By glancing over the entries each week those who use the *Index* have brought to their attention the results of studies and investigations which show what is being done or considered along public health lines in all parts of the world. New books added to the library are also listed in the *Index*, which is circulated to 200 agencies and individuals each week.

The library lends material without charge from its collection to members of the organizations in the National Health Council and to non-member students and research workers for an annual fee of \$3.00. In addition to the loan service many persons use the library for reading or research work. By keeping in touch with book reviews and magazine articles the librarians are able to give to these workers the latest and most authoritative material on the subjects being studied. The staff of the American Social Hygiene Association gives advice and suggestions through the library as to suitable material on social hygiene. Some readers are referred to the library by the Association, but many social hygiene inquiries come from members of other organizations. In some cases these persons for more definite advice are sent to the Association. Thus, a reciprocal service is maintained.

Students investigating prostitution, delinquency and other questions raised in their social science courses have been delighted to find a place where this material has been brought together. A few of them expect the librarians to furnish full detailed, predigested reports on the subjects they are investigating. Sometimes they are surprised and rather hurt when these are not forthcoming. The

majority, however, show their appreciation of the material furnished them in many ways.

Through the fifteen years that the library has been in existence all sorts of persons, all sorts of questions have come to its reference desk. It is interesting to note changes in public attitude. In the first years the inquiries for social hygiene material were generally of a vague or purposely veiled nature. Relatives of parents would ask hesitatingly, for "something to help answer children's questions." Later becoming more direct, parents themselves would come to ask for books on sex education. Nowadays young people themselves, who in earlier years would not have dared to ask for publications on sex education, or love and marriage, in line with the general tendency to frankness, come in to read up on these problems and how to prepare themselves to meet them. The words sex, syphilis, gonorrhea seem no longer taboo among the patrons of the library and this is no doubt due in great measure to the public information campaign of the A.S.H.A.

One minister borrowed a number of books on marriage and when returning them stated that he had used them in helping several couples find a satisfactory adjustment for their difficulties and was extremely grateful. This is quite different from the inquiry of another minister for material "to teach the evils of sin modestly."

The readers' advisers at the New York Public Library have sent inquiries to the library and one of the staff visited this library to which he had been referring people so that he would be better able to direct them.

For individuals, through research, loans and the *Library Index* the aims of the Association are furthered. As far as relations with other libraries are concerned, the National Health Library is always glad to send lists of articles or books on the various phases of social hygiene. The American Library Association regularly sends its tentative *Book List* to be checked and with the assistance of the A.S.H.A. staff the social hygiene books are evaluated. The *Book List*, of course, goes to almost all public libraries. Where the public library does not have such books interlibrary loans can and have been arranged. These can be used to supplement a public library's special collection for study clubs or individual student. A list of 100 health books for public libraries was published in 1933, containing 14 on social hygiene. A revision of this list is now being considered.

The National Health Library is constantly seeking to add to and improve its service to both libraries and individuals. Any suggestions from those interested in the promotion of this work will always be gratefully received and acted upon, with the necessary proviso, "in so far as funds permit."

While it would be presumptuous to compare this library to the great Army Medical Library, a statement by Sir William Osler in

regard to that library may apply: "For the teacher and the worker a library such as this is indispensable. They must know the world's best work and know it at once. They mint and make current the ore so widely scattered in journals, transactions and monographs."\* The National Health Library hopes that it may have some part in preparing the ore for the workers in public health and social hygiene.

## USE OF SOCIAL HYGIENE MATERIALS IN THE ILLINOIS STATE LIBRARY—GENERAL LIBRARY DIVISION

HARRIET M. SKOGH  
*Superintendent*

The Illinois State Library, under jurisdiction of Edward J. Hughes, Secretary of State and State Librarian, has in its General Library Division a general reference and circulating library of more than 130,000 books and 95,000 pamphlets. It is particularly well supplied with books on public welfare and public health. In both of these widely ramified subjects social hygiene has a very definite part. Primarily for the use of state officials and state departments, material in the library has an increasing secondary usefulness in that any library in the state may borrow, on the usual inter-library loan terms, books and pamphlets not in the local collection.

There is, obviously, practically no direct contact with children and youth in this type of library, but considerable indirect influence comes through books supplied to professional staffs of state departments and to teachers and librarians throughout the state. The use of social hygiene material is therefore under specially advantageous circumstances, in that it is with the interpretation of those who have been trained in education, in social work, or in public health in general, and who therefore have a sane and sympathetic approach to the specific problems of sex education and social hygiene.

The Library's resources on these subjects have been most frequently used by two divisions of the Department of Public Health: the Child Hygiene Division in its work of promoting sex teaching in the schools and in parent education, and the Division of Communicable Diseases in connection with the prevention and control of the social diseases.

The Director of the Child Hygiene Division and the staff nurses throughout the state are constantly meeting with parent teacher associations, social workers, mothers' study groups and women's

\* Sir William Osler. *Books and Men*, p. 220.

clubs, for discussion of these questions, and often one, two, three, or perhaps a whole year's programs on the subject of social hygiene and parent education are outlined. Deans of boys and girls in the high schools and normal schools frequently call upon the Division for advice and reference material.

Service of State Library social hygiene material to the Director and Staff of the Child Hygiene Division is decidedly increased and accentuated by these outside contacts and requests. In an informal study group of parents, teachers and social workers recently sponsored by the Division, three well known books found especially valuable for this type of work were *Parents and Sex Education*, by Benjamin C. Gruenberg, *Growing Up*, by Carl De Schweinitz, and *New Patterns in Sex Teaching*, by Frances B. Strain.

Entirely different types of publications, but still within the social hygiene field, are those called for by the professional staff of the Division of Communicable Diseases in the work of its Section of Social Hygiene. Here are used general works on preventive medicine as well as those dealing particularly with the venereal diseases. Material is sought not only for use in the central office, but also for the preparation of articles for lectures and other educational work by the field men connected with the Division out in the State, dealing with the prevention and control of these diseases.

Closely correlated with the work of this Division is that of the Diagnostic, Biological and Research Laboratories of the Illinois Department of Public Health, and here the State Library can supply laboratory manuals and technical works dealing with the various types of laboratory examinations and tests used in the confirmation of diagnoses.

In the Department of Public Welfare the State Sociologist, working toward the prevention of juvenile delinquency; cooperating with county courts, schools and character building agencies; advising with parents and others dealing with problem children, finds many situations where the social hygiene resources of the State Library are helpful.

Eugenics and sterilization of the unfit are other specialized phases of social hygiene which are of interest to many in the public welfare field, and there are books, pamphlets and periodical articles available on those subjects in the State Library.

Pamphlets of the American Social Hygiene Association are in frequent use. The selected lists prepared by the Association have been invaluable to the Library as guides for recommendation and for purchase. In a field of publications where unreliable and misleading works are apt to be intriguingly advertised to exploit the public, the approval or disapproval of an organization of this sort means much to ensure the addition of the best works and to help avoid the undesirable. New lists as received are checked with the Library's holdings and, as far as possible, recommended publications are added.

There are calls for works on these subjects from sociologists in state institutions and from teachers, ministers and social workers in localities where there is no local source of book supply, and in those cases direct loans are made by the State Library. The interest aroused by the four months' state wide program in Illinois of Mrs. Margaret Wells Wood, under the auspices of the State Department of Health last year, undoubtedly actuated a number of these requests. Service to readers in communities where there is a public library, through inter-library loans made on request of and to the local Librarian, has already been mentioned.

With the specialized use here indicated but with a reading room open to the public for reference service, this Library is no more immune than others from some of the problems, apparently inherent in this type of literature, which have been discussed heretofore in the Library numbers of the *JOURNAL OF SOCIAL HYGIENE* and *Wilson Bulletin*. It is likely, however, that the recent closing of the stack-rooms, for other reasons, may lessen the opportunities for the disappearance or mutilation of books on these subjects, occasioned evidently by morbid or abnormal curiosity. Libraries will probably continue to have such problems until the "proper sex instruction with the right attitude of mind" advocated by the Iowa Medical Librarian in an earlier number of the *JOURNAL OF SOCIAL HYGIENE* becomes universal.

### A FEW OBSERVATIONS ON THE USE OF A SOCIAL HYGIENE LIBRARY BY A SOCIAL HYGIENE SOCIETY

DOROTHY W. MILLER  
*Massachusetts Society for Social Hygiene*

In these days of high pressure salesmanship, the custodian of a social hygiene library is confronted with two lively problems,—the choice of suitable material and the presentation of it to the reading public. With lurid advertising matter crowding our magazine pages and flooding the mails, the selection of authoritative, dignified and yet readable books on social hygiene represents a competitive effort that must be taken seriously by those who are seeking to stock and present for circulation a library that will interest as well as educate those who use it.

Public opinion is still apt to be a bit nervous on the subject of sex. The average man in the business office and the average woman in the home, even in these enlightened times, look upon sex with a somewhat

shamefaced apology for the interest it arouses. They find it difficult to discriminate between the thoughtful and scientific books on sex now fortunately available, and the pseudo-scientific outpourings of hack writers who are seeking only to sell and care little for accurate information. Super-salesmanship induces many intelligent persons to purchase sensational books on sex since, naturally enough, most people are ever hungry for information on a subject that for centuries was taboo.

If it were not for the fact that today new material on the subject of sex, designed particularly for a lay public, is being furnished by well-balanced and awakened writers, the social hygiene societies would find it difficult to compete with this flood of undesirable and unscientific writings. Until fairly recently there have been few real classics in this field and, while some of the earlier efforts to provide sane and rational books on the teaching of sex in all its phases were honest and courageous, so little was then known on this subject that today they are about as useful as a pre-war map of Europe. I do not by any means intend to imply that a book published in 1934 is because of its date alone more valuable than one published in 1914, but it is true that there is a rapidly increasing volume of literature, authoritative and up-to-date and scientific in its purpose and accomplishment, that must be included in our social hygiene libraries and offered to our readers if we are to maintain and increase their interest in our educational program.

Fortunately, people are becoming more and more aware of the existence of good books on social hygiene,—books on the psychology of sex, books on marriage and books for and about young people and their initiation into adult life. With the increasing pilgrimages to our social hygiene libraries of these readers, it becomes increasingly important that the custodian of a social hygiene library should be able to gauge the prospective reader's interest and capacity to understand.

Any one who has made a life profession of library work knows that the mere provision of books is not enough. The right book must be presented to the person who seeks information and entertainment and this is as true of the book on social hygiene as it is of any other subject. There is no need to discuss at this time the so-called problem of censorship. The public librarian may find it necessary, or at least may believe that he should find it necessary, to guard against lending a book about sex lest it result in harmful consequences. The custodian of a social hygiene library need not be so inhibited, since those who frequent a social hygiene library are seeking for books on sex and the library is there to provide them.

The problem here for the social hygiene librarian is to discover, if possible, a little of the background of the prospective reader, just what kind of a book he wants, and to make an intelligent effort to provide the right book for him. In my opinion, the danger in giving him the wrong book lies more in the chance of cooling his interest in

social hygiene than in unduly stimulating in him any emotional reaction towards the subject of sex.

A well-stocked social hygiene library should contain books on the history of the social hygiene movement; books on the sex education of youth, some designed for boys and girls themselves, and some for the parents; books on marriage, particularly the sex side of marriage; books on the hygiene of sex, the psychology of sex and the history of sexual thinking and sexual customs; books on mental hygiene; books on the family and books dealing with various community problems that either originate in or are bound up with the question of sex. At the present hour, when so much stress is being laid upon the art of family counseling, the library should also contain whatever there is published that will help professional people to assist those of the laity, who are more and more seeking definite guidance in handling their personal problems. For social workers and doctors, nurses and teachers, there should be available books of research on the physiological, medical and psychological aspects of sex. There are all too few of these at the present moment, but with Ellis, Davis, Dickinson and Hamilton in the vanguard, it should not be many years before a significant literature on this subject has evolved.

One of the most urgent needs of a social hygiene library is for simple and easily understood writings on syphilis and gonorrhea. Many excellent works are available for doctors and nurses and social workers, whose education presupposes an ability to understand medical terms and facts, but the lay person as well should be provided with reading material that he can understand and that will give him a true picture of the nature and prevalence of gonorrhea and syphilis, the social implications of these two major public health problems and a sane attitude towards the whole subject. No one who has seen the yellowed, smudgy, almost indecipherable pages of those sections of the public library encyclopaedias which deal with syphilis and gonorrhea can doubt but what the lay person wants to know and to understand what these two diseases are.

Our experience in providing readers with books on social hygiene indicates the value of some of the current literature on the subject. It is one thing for an expert who knows his field to give critical attention to the books that are being written but it is quite another thing to discover how helpful such books are to the reading public. The well-worn bindings of certain volumes on the bookshelf offer a slight testimony to the value of some of these books.

One volume that seldom remains very long on our shelves is Winifred Richmond's *An Introduction to Sex Education*. We agree with Professor Bigelow that this might better be entitled *An Introduction to Sex* but the fact remains that it does provide valuable groundwork for the education of the neophyte in social hygiene. It reviews the history of sexual customs, it explains the physiology of sex and delves into the psychological manifestations of sex in normal individuals. Above all else it is readable.

Another good book is Frances Strain's *New Patterns in Sex Teaching*. Because of its very practical treatment of the parent's problem of educating the child in matters of sex, it has proved immensely popular, not only with parents but also with social workers and teachers. We have several copies almost constantly in use.

We find too that the little book *My Body and How It Works* by Baruch and Reiss is a valuable companion to the ever-popular classic *Growing Up* by Karl De Schweinitz. This book excels in that it includes an explanation of sex in a general treatment of the elementary facts of anatomy, physiology and hygiene of the whole body. Intended for the young person himself, it is simple, readable and pleasingly illustrated.

On the subject of marriage, so much has been written that it is difficult to choose at the risk of being invidious. Dr. M. J. Exner's excellent book *The Sexual Side of Marriage* is probably and rightly so the most popular. Not too long or difficult for the lay person to understand, it provides sound and up-to-date information. We like to recommend it. The new *Marriage Manual* by Drs. Hannah and Abram Stone is also popular while students who frequent our library find the text book *Marriage* by Ernest R. Groves helpful. One curious fact which we have found to be true is that in spite of its obvious defects and the unpleasant way in which it is advertised *Sane Sex Life and Sane Sex Living*, by Long, has its definite place in a social hygiene library. When used with discrimination, it has proved to be of significant value.

One more point. A good social hygiene library should provide in addition to the books on its shelf all the good pamphlet material available on the various subjects included under social hygiene. This is a tabloid era in which we are living and small compact instalments of information are often indicated where more detailed and exhaustive works would not be so helpful. Pamphlets are inexpensive and are capable of much wider distribution than books. Because they are so often passed from hand to hand and because at slight expense they can be mailed to the four corners of the earth, they expand and much more rapidly than a lending library alone could be the network of popular education.

## SOCIAL HYGIENE IN A LARGE CITY LIBRARY

CAROLYN F. ULRICH

*Chief, Current Periodicals Division, The New York Public Library*

The place of social hygiene in the library hinges, of course, on what material is available and on what tools are at hand for getting at it. Social hygiene, mental hygiene, public health are all subjects of great interest to the library and on which it has a great deal of material.

As far as libraries are concerned active use of social hygiene materials falls on the circulating library rather than on the reference library. The scientist, social worker and others professionally concerned with social hygiene have their materials at hand or are acquainted with libraries specializing in their needs and moreover this is material that so quickly becomes out-of-date and is so constantly being replenished that the great value of a store house of source material such as the reference library is not so pertinent. It will be principally the circulating library that will be the medium of transmitting to those who need and want that which the organizations for propagating information on this topic, prepare to that end.

From the Central Circulation Branch the report comes that more kinds of people are turning to books for printed social science information and that there is a change toward a less self-conscious attitude in regard to the subjects generally, for example, books on prospective parenthood are asked for by men as well as women and in increasing numbers. Books on preparation for marriage are probably second in use, Havelock Ellis, Groves, Popenoe, being most often requested. Sex hygiene education for the adolescent child is as always in great demand and still the books available are inadequate. De Schweinitz' excellent little book—*Growing-Up*—is in constant use for children.

Material on delinquency and criminology is used by social workers, writers, teachers, students, lawyers and police, the library's difficulty being to afford enough copies of recommended books to supply the demand. A notable use is by men being trained for Federal prison keepers.

A perusal of the indexed material appearing in periodicals of the first quarter of 1936 proves that social hygiene is an active topic not only in its own specific field but spreading out into the larger field of public health and seeping through the allied fields of medicine, education, psychology, industry, etc. The percentage in educational journals is high and among general magazines could probably be increased to advantage. The slant towards industrial hygiene is especially notice-

able. In a rapidly advancing subject, agencies for up-to-date information such as pamphlets and periodicals are invaluable. Also current activities bearing on social hygiene are deflected to the library from other channels such as radio, legislation, etc. For example, recently, as a result of a social hygiene broadcasting hour, inquiries for articles on venereal diseases were received; the passage of a law in Connecticut requiring pre-nuptial examination and the appearance of articles on prostitution in a leading magazine brought requests for articles on venereal diseases, hygiene and marriage.

As for the *JOURNAL OF SOCIAL HYGIENE*, there is little call for it either in the Periodicals Division or in the Main Reading Room of the New York Public Library. It is directed toward persons doing social hygiene work in settlements and other agencies and therefore escapes the lay reader.\* However, the *JOURNAL* does meet a need. Its value is shown by the fact that its articles are indexed in the *Internationale Bibliographie der Zeitschriften Literatur*. Abteilung B, International Index, published by H. W. Wilson Co., *Public Affairs Information Service* and *Quarterly Cumulative Index Medicus*.

The plan of publishing each year a special library number presenting a comprehensive list of all kinds of printed material on the various phases of social hygiene work is of inestimable value in developing library collections.

The library's activities go far beyond its collection and arrangement of its book stock. Its close contact with youth and the growing importance of adult education has brought the library into closer cooperation with other agencies devoted to improving the social order.

## A RURAL LIBRARY'S EXPERIENCE

ANNA L. MOWER

*Librarian, Morristown Centennial Library, Morrisville, Vermont*

Among the many problems which the small library has to face, not the least is that of the proper selection of books. With so many desirable ones from which to choose and so little money to spend, upon what principles shall the choice be made?

This is the question which the Morristown Centennial Library which contains only about 7,000 books and is situated in a town of about 3,000 inhabitants, has to answer. There are certain books any library worthy of the name must have; there are others highly

\* EDITORIAL NOTE: A constant effort is made to publish material which will meet the needs of these workers and at the same time engage the interest of parents, teachers, church and club leaders and the general public. The Editors will be glad to receive suggestions towards this end.

desirable which should be bought as funds permit. There are many other fine books, which because of their limited appeal and great cost, are obviously not for the small library since in these days of inter-library loans they can be obtained, if and when needed, from some larger institutions or from State Library Commissions.

In which of these groups do books on social hygiene belong? Conversations with various mothers led us to believe that there was a real need for such information and some inexpensive selections were made. Smith's *Three Gifts of Life*, Moore's *Keeping in Condition*, and the like, all of which were non-technical and inexpensive were purchased. Perhaps books better adapted to our needs have since been published but these volumes have served our purpose very well.

Having acquired them, the next problem was whether or not they should be placed on the open shelves. There is much to be said for and against such a policy, but after all they were bought to read and in the end they were placed on the shelves in the class to which they belong. But we did watch to see who, if any, of our young people read them and what their reactions seemed to be. At no time has there been in evidence any morbid curiosity in regard to them. There have been no giggling groups who had found something to be read in secret.

The same has been true of the JOURNAL OF SOCIAL HYGIENE which lies on the reading table beside *Hygeia*, *The Scientific American* and other magazines. We have observed C.C.C. boys, High School students and adults reading it, and so far as one could judge it was in the same spirit in which they read the other periodicals mentioned.

No attempt has been made to give these publications general circulation, but when in conversation with individuals or with groups like the Mothers' Club, where it seemed it might be helpful, attention has been called to it. On the whole we have fewer misgivings and problems about buying and circulating this type of book than is the case with certain widely heralded novels.

## USING SOCIAL HYGIENE MATERIALS IN A RURAL CHURCH

PEARL A. WINCHESTER

*Chairman, Committee on Religious Education, Council of Congregational Women*

It is almost a quarter of a century since Miss Addams wrote her *Youth and the City Streets*. For many who never even read the book the title dramatized the dangers and difficulties of city life for the immature. A natural and apparently logical implication was that if only youth could be kept off city streets or transferred to country lanes all would be well. The truth seems to be, however, that the

human problems that are intensified by the congestion of cities are fairly universal, and that solutions are more frequently and definitely sought and remedies applied in cities than in less populated areas. The village and the country-side have their quota of ill health, physical, mental and social, as well as their fresh air and apparent freedom. The trend back to the country which began a good many years ago has become pronounced during the last five. Summer homes are now occupied all the year, many rural schools are closed and children are carried to consolidated schools. There is a radio in practically every home, no matter how humble; the rural carrier makes his rounds in all weathers, state roads are kept open, and the motor car and telephone are part of every child's experience. What is going on is interpenetration, with advantages and disadvantages on either side.

Opportunities to use social hygiene materials are frequent and apparently casual. The church school teacher, the minister's wife, the leader in groups of young people or church women need to be like the general practitioner in medicine, able to recognize symptoms, and it not prepared to treat the particular condition able and willing to put the case in the hands of those who are; and interested primarily in prevention and in promoting situations and associations that are socially wholesome. One minister, for example, sends the father of a twelve-year old boy in his church school a copy of the pamphlet, *From Boy to Man*, with a note suggesting that he may be interested and may want to give it to his son or read it with him. The guardian of a group of Campfire Girls is getting the youngest group ready to take their first rank. Among the requirements is information on infant mortality, its causes and prevention. A chance conversation with one of the mothers indicates that some of them would be glad of further information from the guardian. The mother is given copies of *Sex Education in the Home*, *Your Daughter's Mother*, and *A Formula for Sex Education*, and later on after a personal talk each girl has a copy of *Health for Girls*.

The state police stop at the parsonage to say that the Humane Society has reported a child recently arrived in the neighborhood. The mother, unmarried, is employed at housework in a town fifty miles away. The aged grandmother with whom the child lives is dependent on the town. There is no professional social worker, and minister and church school teacher share with the public school the responsibility for oversight, which calls for mutual cooperation. This brings to light other cases of boys and girls with faulty family background and with no reliable sources of sex education, as well as other specific questions that have come to various teachers. Fortunately some one knows about the Package Library available from the Ameri-

can Social Hygiene Association. The books circulate from the principal's office and supply just the assistance that was needed in each case. Several of the teachers are young women planning to be married within a few months and they are especially grateful for access to the collection.

An invitation to a "stork shower" reminds the minister's wife of Van Blarcom's *Getting Ready to be a Mother* and she invests in a copy which is loaned to the young woman. She soon passes it on to another and another, all of them just recently in high school, each one now eager to read the book and relieved to find a simple, definite but comprehensive statement of everything she now needs so much to know. Some young mothers bring the babies to a cradle roll party at the parsonage and one of them finds on a table a group of books including Groves' *Parents and Children* and *Wholesome Marriage*, Dennett's *Living Together in the Family*, Thom's *Everyday Problems of the Everyday Child*, DeSchweinitz' *Growing Up*, Blatz and Bott's *Parents and the Pre-school Child*, Pruette's *Parents and the Happy Child*, Sperry's *What You Owe Your Child*. At once she says, "This is the kind of thing we ought to know about," and the lending begins. Another group with children entering school invites a parent education speaker to discuss those particular age problems with them. They spend an afternoon at the parsonage looking over the display of books and pamphlets the speaker has brought on child health, care and management, on personal problems of parents and on a working philosophy of life, which after all is the important thing. They are especially interested in the *Formula for Sex Education* and in the new colored chart for parents prepared by the Wisconsin State Board of Health and supplied by the American Social Hygiene Association.

There is a wedding in one of the church families. After all the preliminary showers, the minister sends as his very personal gift copies of Wood's *Foundations of Happiness in Marriage and Beatitudes for the Family*. The note of thanks seems genuine. Indeed it only seems to be the older people who apparently think they can do without social hygiene material. Sometimes one will say, "I wish I had had some of this years ago. It would have saved me a lot of worry." More often they say they are grandparents and their job is over. In a state where a recent law made medical examination compulsory for getting a marriage license, many ministers and leaders with a social outlook felt that this was a pertinent topic for mention in church groups, that it was an area in which an enlightened public opinion could do much to encourage observance and discourage the young folks from going beyond the state line to patronize the marrying parsons. A committee of middle aged church women meeting to plan their programs declined absolutely to have the matter mentioned in their society on the ground that they had no influence whatever on the viewpoint of young people and that whatever was said would be reported in garbled form and made the subject of unfriendly gossip. At about the same time a large group of young

people in a nearby small city were making the new law a subject of open discussion for an entire meeting and their hearty agreement with the wisdom of the new provisions was reported in headlines in the daily paper which circulated among the older women. Perhaps the women were right in their judgment of themselves. The younger generation will pretty much have to take care of themselves in rural areas as well as in the cities, and they want correct information. Within a week I have picked up near a country postoffice one of the sensational advertisements of books "for students of anthropology and professional persons only" which are being cleverly maneuvered into young people's hands everywhere. Church leaders, teachers, librarians and all interested in youth groups can neutralize such poison by the skilful use of standard social hygiene materials as opportunity offers in the course of their usual daily contacts. It is a good thing to have some handy.

## SOCIAL HYGIENE IN THE UNIVERSITY LIBRARY

NATHAN VAN PATTEN

*Director of Libraries, Stanford University, California.*

The literature relating to sex will continue to present an administrative problem to college and university librarians for at least another generation. Although the rational solution of this problem is obvious, practical considerations have prevented action upon the part of library executives.

There is no sound reason why the literature of sex should be given the distinction of special treatment in the library. It should be cataloged, shelved, and made use of in exactly the same way as any other body of scientific literature. There is abundant evidence that current changes in the attitude of Americans toward sex may eventually make such treatment possible.

There is no other subject concerning which more misinformation is in circulation. The opinion of most men and women concerning sex matters are based upon a confused mixture of half-truths and untruths. This state of affairs has been brought about, in large part, by the lack of opportunity to gain dependable information upon the subject. Opportunities for acquiring misinformation have, however, been unlimited.

Librarians, as a professional group, have given little attention to the principles involved in the administration of collections of sex literature. Policies in force vary greatly and are of local origin. These policies fall into five general categories.

I. Many libraries, particularly the smaller ones, exclude all literature relating to sex. This is of course a solution of the problem. It resembles one of the proposed solutions of the problem of birth-control. A library by adopting such a policy fails in its obligations to the community which it serves. This policy may also be applied to controversial political and religious literature.

II. Some libraries do not purchase sex literature, but if such material is received as a gift it is cataloged and placed in the general collection. The end-results of such a policy differ very little from those incident to complete exclusion. Borrowers will not ordinarily sign call-slips and book-cards for works relating to sex. They wish to avoid making a record of their interest in the subject. Books are therefore taken from the library without being properly charged. Few, so taken, are returned and the collection gradually disappears.

III. Some libraries systematically purchase books relating to sex and receive others as gifts. This material is cataloged. The catalog cards usually bear marks indicating the nature of the works, *e.g.*, an asterisk before the call number, or the phrase "restricted book," etc. The collection is shelved in a closed stack and its use restricted to students whose applications have been approved by the librarian or a faculty member or to those registered in a particular course. This is essentially a policy of censorship. It postulates the ability and propriety of one individual to determine what another may read. If use is restricted to students registered in certain courses, *e.g.*, medicine or psychology, there is an unjustified assumption that there is an inherent difference between such students and those registered in other courses.

Readers of sex literature include faculty members as well as students, both men and women, belong to all classes.

Whether or not such reading may, under certain circumstances, be harmful is neither the proper concern of a librarian nor is it a question which he is fitted by training to answer.

The librarian can only rely upon the recommendation of his faculty colleagues in the selection of meritorious books in this field.

IV. Some libraries systematically purchase books relating to sex and receive others as gifts. The material is cataloged in the usual way. The library protects itself against loss by shelving the collection in a closed stack. Free use is permitted to all applicants. There is no censorship. This is a sound policy.

V. There are a few institutions which give instruction in social hygiene. Students are given guidance in the use of the relevant literature. No special treatment is given to books and pamphlets relating to sex except that the collection is shelved in a closed stack so that it may be protected against loss.

The library aspects of this subject are quite similar to those incidental to similar contacts of the courts, customs, theatre, booksellers, moving-picture producers and exhibitors, lecturers, etc. There is considerable inconsistency between the decisions made in one place

and those made in another. A play may be applauded in New York and enjoy a long run there while it cannot be produced at all in Boston. A book may be freely imported through the customs house at Boston and be seized and destroyed at the customs house in San Francisco. A book may be barred from the library of one university while it is required reading at another. The individual upon whom the responsibility for a decision rests is beset by prejudice, ignorance, and stupidity. His decisions, whatever they may be, are quite likely to be criticized by some and approved by others.

Censorship and restrictive measures may prevent the circulation of sound books upon sex to a certain extent. Such methods, however, stimulate the sale and under-cover circulation of worthless publications.

Every informed person knows that young men and women have little difficulty in gaining access to an unlimited amount of sex literature, good and bad. Every large city has at least one bookseller with a stock of such works. Many lending libraries keep a few well-known books, usually of little value, under their counters for circulation at high rates. There are several publishers who circularize the students in our colleges and universities with offers of books "for the use of cultured adults and members of the learned professions only." The nature of this advertising is outrageous. Nothing more effective could be done to curtail the activities of these panderers than to make freely available in libraries well selected collections of the literature relating to sex and to social hygiene.

An interest in sex is both natural and proper. The literature of the subject has been made disreputable both by the misguided efforts of well-intentioned individuals and organizations to suppress it and by the furtive and contemptible activities of irresponsible publishers and booksellers who have seized the opportunity thus presented for the development of profitable enterprises.

The denial of access to sources of reliable information upon the subject can only work harm to our young people.

## BOOKS ON THE S SHELF

FLORENCE BRADLEY

*Librarian, Metropolitan Life Insurance Company*

Two incidents last January seem to have impressed themselves upon my mind as closely related and I am sure they would have the same significance in other libraries. An enquiry was made at our Loan Desk for the Psychology shelf by a reader who obviously was not used to finding her way about the stacks, for when we pressed her as to what kind of

a psychology book was wanted, she seemed unduly perturbed. "Well, are these the only S shelves you have? What is the difference between Psychology and Physiology?" And with that little to go on, we had to deduce that it was books on sex education and social hygiene that a confused mind was groping for. We all know this reluctant question in our libraries and how it indicates the reader of limited experience and background. While all librarians have been acutely aware of the meagerness of good authoritative material with which to answer these enquirers, what we have been equally concerned with is just this lack of articulateness, the confusion or misinformation back of such a would-be reader.

Then we read in headlines of the New York Times of January 16th—*Conspiracy of Silence Scored*—with the announcement that the medical profession had at its command all the scientific weapons needed to win the battle against venereal diseases but that chief among the problems facing organized groups of workers was the difficulty of bringing the situation and the means of combatting it "out into the open." New York librarians well might wonder if a possible turning point had been reached for all those who have anything to do with handling the printed word on Social Hygiene. Again in an April issue of the *Journal of the American Medical Association* we read in this same connection that there are signs of a more liberal attitude, with newspapers admitting the word "syphilis" and at least a dozen local radio stations of major importance featuring medical broadcasts while other smaller stations have broadcast transcriptions furnished by a state Health Department. Librarians will join the social workers, public health nurses and doctors in welcoming a change in this respect, hoping that current prophesies are right that the Federal Social Security program will open up the field of social hygiene on a huge scale, and that the Conspiracy of Silence will no longer prove "the chief drag on social hygiene programs nor prevent the use of modern methods of spreading information about venereal disease."

Given the most perfect and authoritative book collections along with the most effective library service, we must recognize the great tragedy behind the fumbling questions of a handicapped reading public, protected much too long by both the press and society from a knowledge of even the simplest vocabulary. As a contrast, consider the glib way in which Psychology is asked for on the S shelf by our best non-spellers! Only to be equalled by our great proletariat's facility with the patter of the Freudian literature. Perhaps there will never be any way to measure good and bad results of this latter. Every librarian knows the parallel to what the social worker experiences—that social hygiene publications could help the individual emergency and consequent adjustment. But that the

people most in need of this type of information are the ones who have the poorest equipment for getting at the published sources. May there always be a demand for books on the *S* shelf!

## SOCIAL HYGIENE MATERIALS IN A HOSPITAL SCHOOL OF NURSING LIBRARY

ETHEL WIGMORE

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It is difficult to imagine a hospital school of nursing library without social hygiene materials. As one works in a library of this type one is brought to think that social hygiene is the "master-word." If you remember your Jungle Book you will recall that only by sending the "master-word" to Hathi and his sons could Mowgli enlist their help when he wished to be avenged on the villagers.

Social hygiene in all its implications is truly the "master-word" for it not only answers the riddle and solves the problems of so many of those physical and mental ills which have their basis in sex-social maladjustments, but through its sex education and character education activities it seeks to prevent and control those asocial factors which undermine health and stability.

It is in the large city hospital that the realities and implications of social hygiene are clearly seen. Therefore it is essential that a working knowledge of social hygiene should be regarded as a vital and functioning part of the nurse's armamentarium.

The association of nursing with social hygiene is by no means new. Florence Nightingale, herself, was identified with Josephine Butler in her attack on the regulation of vice, the double standard of morals, and prostitution. In 1909 at the International Congress of Nurses in London, the nursing profession made bold to discuss the danger of ignorance regarding sex, syphilis and gonorrhea. In 1910 Lavinia L. Dock published her book *Hygiene and Morality*, a manual for nurses and others giving an outline of the medical, social, and legal aspects of the venereal diseases.

Today, from the moment the nurse enters upon her training, a knowledge of social hygiene is considered to be essential in helping her to make personal adjustments to the problems which occur in her own social life; in helping her to adjust to the problems she meets in the hospital environment, where abnormal results of sex expression are

ever before her; in helping to bring about a finer patient-nurse relationship because she has learned to "view sex phenomena, not as good or evil, but as life."<sup>1</sup>

So it is that not a day goes by but many questions of social hygiene import come to the Library reference desk. "Be on the look-out for anything new on group instruction for patients with syphilis and gonorrhea" requests the supervisor of instruction in the out patient department. "Please place on my reserve shelf this list of books on marriage and family relationships and let me know about any new material on these subjects" asks the instructor in psychiatry. An up-to-date bibliography on follow-up of syphilis and gonorrhea patients is the request from a new social service worker. A nurse from the Pediatric Service wants an elementary book on sex education to give a polio patient, aged eight, who is asking for information. She wants recent material on masturbation too. The Health Service director wants worthwhile books on sex hygiene and sex education which will help her in preparing her course for student nurses. A staff nurse from the Genito-urinary Clinic wants recent material on complement fixation reactions in gonococcal infections. New techniques for handling prostitution cases is the call from the sociology instructor. The supervisor of the Prenatal Clinic is giving a Mothers' Club talk on prenatal syphilis, and wants popular material on this subject.

A constant stream of questions come also from student nurses seeking help in finding material for "morning reports" on the diagnosis, treatment, nursing care of gonorrhea, vulvovaginitis, syphilis, neurosyphilis, cardiovascular syphilis, etc., etc. Material for term papers and projects on such subjects as *The nurse in the control of syphilis and gonorrhea*, *Public health aspects of syphilis*, *The nurse and sex education*, *Social hygiene and prevention of blindness*, *Industrial hygiene and syphilis*. "Where can I get posters? Where can I get charts? Where can I get pamphlets?" These are but a few of the "run of the mill" requests.

It is the librarian's duty to see to it that these requests are satisfactorily taken care of. Dr. Raney, of the University of Chicago libraries, has this to say of the special library in connection with research,<sup>2</sup>—"Hunters break up into small units and scatter carrying their rations with them, and the longest travelers are apt to travel lightest. But meridians meet, and the farther men go the nearer they get together. Which means several things. The first is that those seeking a truth need their materials about them, and, if the place of search be a science laboratory, their books should be near the rest of their apparatus. It is folly to consider a chemical laboratory without the constantly employed chemical publications, both periodical and monographic, on its shelves."

<sup>1</sup> Stokes, J. H. *Public health and social hygiene*. Public health nursing, Oct. 1934.

<sup>2</sup> Raney, M. L. *The university libraries*. Chicago, University of Chicago Press, 1933. p. 27.

It is folly to consider a really functioning school of nursing library without adequate, up-to-date social hygiene material on its shelves. To be adequate in scope the school library should contain the important textbooks in the field, those dealing with medical and preventive aspects of gonorrhea and syphilis, books showing the historical development of the social hygiene movement, biographies of outstanding people in the field, books on sociology, folkways, social psychology, etc. There should be bound copies, as complete as possible, of the important periodicals and society transactions in the field.

There is no subject so rich in valuable pamphlet material as is this field of social hygiene. Much of it may be had free or at such nominal cost that it is within the budget of even the smallest school library. The federal bureaus concerned with the promotion of health, the American Social Hygiene Association, the American Medical Association, state and local health departments and social hygiene societies are the sources of such pamphlet material. If the library's list of medical journals is small, a visit once a month to a nearby medical library, a check-up of current medical periodicals for social hygiene articles, and a postal request to the authors of these articles will yield a valuable store of reprints which will greatly enrich the collection.

Many librarians are of the opinion that all material worth preserving is worthy of cataloging. If small staffs preclude this luxury, pamphlets may be filed in vertical files or pamphlet boxes by subject where they are accessible to all. At the Bellevue School the circulation of pamphlets on social hygiene is greater than in any other subject. Many students and instructors are building up their own files of health education materials. Hundreds of copies of the American Social Hygiene Association's bibliography *Social Hygiene and the Nurse* have been distributed to student nurses.

A card service for those interested in receiving notices of current periodical material on social hygiene subjects has been set up. Six instructors and clinic workers receive cards for articles on syphilis, gonorrhea, adult health teaching, sex education, congenital syphilis, et cetera. Duplicate pamphlets and reprint material, posters, and other publications are sent to them for their own files. Notices of meetings and clippings of social hygiene interest are posted on the library bulletin board.

Because social hygiene is closely related to other and wider fields, and also because a school of nursing library can never hope to acquire all the material necessary, the library must depend upon the cooperation and hospitality of neighboring libraries, and add to its usefulness by interlibrary loans.

As the librarian works with the nursing group in the hospital she has the opportunity to observe on the wards and in the clinics the practical application of social hygiene principles. Professor Ira Hiscock once said "To cure a patient we must also teach him."\* On

\* National tuberculosis assn. Trans. 29:288, 1933.

every side in the hospital she sees this principle being applied. She is made aware of the possibilities for positive health teaching in the clinic when she sees a group of mothers in a Mothers' Club learning how to deal with behavior problems of children, when she sees the well-adjusted nurse help the young woman patient on the ward make a better adjustment to what she calls the mess she has made of her life.

She realizes that in the school library the librarian must be more than a mere service officer. It is her duty and her privilege not only to supply the materials that meet the immediate needs of the reader but by familiarizing herself with reader interests to stimulate these interests, thus expanding the reader's intellectual horizons as well as her own. To accomplish this end she must keep abreast of modern knowledge and thought. The potentialities for making the school of nursing library a pulsating and central source of motive power in the institution are great. They present a real challenge to the librarian.

## MEDICAL LIBRARIES, THE MEDICAL PROFESSION AND SOCIAL HYGIENE LITERATURE

CHARLES FRANKENBERGER

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Physicians as parents are just as negligent as other heads of families in imparting to their children knowledge upon sexual matters. As members of the medical profession, however, they have a responsibility to their patients and to the community in the matter of sex instruction. They above all others have the fundamental training to give the proper advice upon social hygiene questions.

For some time the individual has been importuned to visit his family physician once a year for a health examination. In later years, great emphasis has been placed upon pre-natal care. Much has been said and published on the subjects of contraception, eugenics and birth control. More recently the requirement of a physical examination by a physician of those contemplating marriage has been stressed and laws proposed and in some instances enacted enforcing these regulations.

In line with these advances in health education and community hygiene, it is not only logical but opportune to advocate another forward step—pre-marital guidance from the health and medical standpoint. In using the term pre-marital, we have in mind, those who have consented to enter upon the married state or who are seriously

contemplating marriage relations. This is real preventive medicine and follows the changing trend in medical practice. Such publicity will help to offset seeking advice from quacks and charlatans and lead the laity back to the reputable private practitioner.

The promotion of such efforts cannot but prove helpful in controlling the increase in venereal disease and stemming the tide, to some extent, in the spread of syphilis from the family standpoint. In educating the public to adopt this procedure, the logical source to which they should be directed for this pre-marital guidance and counsel is the family physician or general practitioner. This places a responsibility upon the individual doctor which we are afraid he does not fully realize.

To one seeking pre-marital guidance a physical examination and such tests as are necessary are essential. In addition to these, in order to give his patient the information requested, the physician's acquaintance with the literature on sexual hygiene is most advantageous. Reading knowledge of the well recognized works in this field will help the physician in answering his patients questions in terms which he can understand. First hand knowledge of authoritative books to recommend to such patients to read is a valuable asset.

In our experience from a medical library standpoint, we venture to state that the great majority of physicians have not done much reading of publications of this kind. It is here that we believe the medical library plays an important part. Through it such an organization as the American Social Hygiene Association, in carrying out its program, can render direct and valuable service to both the medical profession and the public.

We are frequently asked by physicians to recommend to them suitable books which they can suggest to young men or women patients contemplating marriage who wish to read authoritative works on sexual relations. Only recently did we have a physician state that he was asked by a woman patient to recommend to her good books to read on marital relations. We informed him that we would select several of the more recent books along this line for him to look over. We suggested that he become acquainted with their contents and then in his judgment recommend the one he considered most suitable. Subsequently he 'phoned he was unable to come in and asked us to suggest a book he could recommend. This responsibility of the physician, we considered, should not be transferred to us. The patient had come to him seeking such advice and his guidance based on first hand knowledge was what she was desirous of obtaining.

With the confidence reposed in him as a physician, it was a responsibility which required his experienced opinion the same as any other advice for which she may have consulted him about her physical well being. The point we are emphasizing is that it is essential for the physician to know from a reading knowledge at least some of the books which he can recommend when such requests are made of him.

Many books and pamphlets are being published on sexual topics. Some of these are written from the scientific standpoint and the subject matter is sane and well balanced. Others are unsound and of the salacious type.

In a medical library acquiring as complete a collection as possible of the literature in its field, all publications as far as they are obtainable, are retained. It is not possible for the lay staffs in these libraries to read all the books in any class of literature nor without medical training would they be qualified to pass upon the soundness or correctness of the opinions or textmatter contained in these works.

It is here that we believe there is a real opportunity for cooperative relationship on the part of the American Social Hygiene Association and the medical profession in fostering a wider and more direct education in social hygiene material. This cooperative relationship to be along two lines. First, as one of the activities of the Association, assist in setting up in a selected group of the larger medical libraries of the country, a well stocked collection of social hygiene publications and to continue to add to these the newer material as published. If the medical libraries comprising over 50,000 volumes are selected there are not more than a dozen such collections at present.

Secondly, as another function of the Association in close relationship with the previous activity, to keep the staffs of these selected libraries informed directly of the value, importance and suitability of the various publications in the social hygiene field, in the initial collection and new works as they are added, to the physician, to those about to enter into marriage relations, to parents and teachers in giving sex instruction to young people and to young men and women requesting such literature.

This guidance to these library staffs to take the form of lists supplied by the Association as frequently as the progress of the literature requires, classified according to the suitability of the publications to the various groups such as (1) physicians, (2) parents and teachers, (3) the young man or the young woman who has become engaged or is contemplating marriage, (4) the newly married and (5) young men and young women of high school and college age.

We believe such a cooperative activity of the American Social Hygiene Association with the medical profession, through established medical libraries, would help greatly in getting physicians more social hygiene minded. Educational campaigns urging young men and women contemplating marriage to seek pre-marital medical guidance from physicians would stimulate wider reading of the proper kind of sex literature.

Finally, intelligent directed reading through library organizations of the various individuals seeking knowledge upon sexual matters, should ultimately lessen venereal disease morbidity.

## BOOK REVIEWS

### Books of General Interest

**THE THEORY OF SOCIAL WORK.** By Frank J. Bruno. Boston, Mass., D. C. Heath & Co., 1936. 646 p. \$4.00.

Professor Jerome Davis of Yale University introduces this book with the following statements: "The field of social work is growing by leaps and bounds. In a complex industrialized society with the dislocations incident to the new technology and the booms and depressions of the dominant economic order, maladjustments both individual and social are persistent and widespread. Each decade sees the further extension of governmental agencies into this complex field to add to the demand for a scientifically trained personnel."

"The days when almost any individual could 'experiment' in meeting human need and could 'get by' if he were reasonably intelligent, even if he had no training, are rapidly drawing to a close. Today the social worker needs the most careful and painstaking preparation for his task. Social work is becoming one of the most skilled professions. Yet it has thus far grown up without any generally recognized scientific or philosophic base.

"A course in the fundamentals of social work has long been needed. In this volume the author has attempted to treat thoroughly just such a foundation, covering the biologic elements, the psychological aspects of behavior, and the social and economic environment of social work. As a distinguished leader in this field, the head of a great department in a University which is training social workers, and a former president of the American Association of Social Workers and of the National Conference of Social Work, the author has just the body of knowledge and the long experience which are most essential for those who would understand and carry on social work. This book is a pioneer work in mapping out the fundamental background knowledge which everyone in the social work should have."

Students of social hygiene problems would all profit by reading this book. Its chapters on *Heredity*, *Syphilis*, *Social Hygiene*, *Alcohol*, *The Mentally Deficient*, and what to do about all these and many other factors in breaking down the family and its personalities, or in building them up, are all interestingly written and suggestive.

E. B. R.

**SOCIAL WORK AS A PROFESSION.** By Esther Lucile Brown. New York, Russell Sage Foundation, 1936. 120 p. \$.75.

The Sage Foundation has rendered an excellent service by publishing this book, written by a member of the Foundation's Department of Statistics. It is one of a proposed series dealing with the present status of emerging professions. Social work is not yet

fully recognized by other professions or the public as requiring professionally trainee personnel, carefully sponsored and controlled by licensing. This brief summation of the important data collected upon current concepts of social work and of training courses and trends is valuable source material for educators and those concerned with the promotion and guidance of activities in this great field.

E. B. R.

**PUBLIC WELFARE ORGANIZATION.** By A. C. Millspaugh, New York, Brookings Institution. 700 p. \$3.50.

This book, whose author is of the Brookings Institution, is an important contribution to the literature of public welfare organization.

The book is well organized, covering the various fields of public welfare administration and describing the systems which the various states follow. Mr. Millspaugh has made an extraordinarily penetrating analysis of the fundamental principles in various fields of public social work, including especially the field of child welfare where the latest psychological ideas are constructively brought out.

The book gives information which is not included in any other volume on public welfare administration and should be of great value to public welfare administrators and to those who are interested in learning of current trends in public welfare administration.

ELWOOD STREET.

**CREATIVE MANAGEMENT—THE RELATION OF AIMS TO ADMINISTRATION.**

By Ordway Tead. New York, Association Press, 1935. 59 p. 50 cents.

This is an extraordinarily valuable booklet for any social work administrator or for any sub-executive in any social or welfare agency. Into its 59 pages are packed practical and stimulating suggestions for the constructive interweaving of the responsibilities and points of view of board, membership, executive, staff, and of the person served, plus an excellent bibliography. The booklet utilizes modern but well proved ideas on the subject of the participation of all of these elements in an organization in planning policies and in their execution. It might well be used by an executive for discussion with his board and with his staff members, or the development of organization procedure. If it is used as widely as it should be, it could revolutionize in terms of modern knowledge of group activity, the activities of both public and private social agencies, giving them new life, new vividness and new relationship with their constituencies. It is most highly recommended for study and practical application.

ELWOOD STREET.

**SOUTHERN REGIONS OF THE UNITED STATES.** By Howard W. Odum. Chapel Hill, N. C., 1936, University of North Carolina Press. 664 p. \$4.00.

As indicated by the title, this is a book of facts concerning the southern regions of the United States. More than 700 indices on topics covered, and 600 maps, charts and tables, help to achieve the

objective,—to present “a realistic and comprehensive picturization of the southern regional culture.” While the book does not discuss social hygiene as a topic, it does provide a comprehensive basis for any kind of organization work, describing as it does the people of the South, the land, natural resources, industry and wealth, and its institutions and folkways. The “southern regions” are divided into Southeast and Southwest, and frequent comparisons are made with four other basic regions in the United States: Far West, Northwest, Middle States and Northeast. The Southeast particularly is presented as a region with tremendous potentialities for development, but at present backward in most of the measurable factors and problems of its civilization. Future improvement, the author argues, will be brought about, not by treating the region as an isolated one, but as an integral part of the whole United States. Future amelioration of undesirable conditions will require close cooperation between all the basic regions and sub-regions.

E. B. R.

**SECURITY AGAINST SICKNESS.** By I. S. Falk. New York, Doubleday, Doran & Co., 1936. 423 p. \$4.00.

It is unfortunate that journals such as this must necessarily limit their material to special articles and the briefest reference even to publications in their respective fields. Thus such an important and informative book as this can only be commended as an indispensable source book for all students of health and social welfare problems. There are many who believe that sickness is the most important factor in economic security. The author addresses himself to this view substituting factual material on every phase of the subject and offering a basis for considering ways and means of individual and community action in dealing effectively with ill health and prevention of disease. The comprehensive outlines for further study and testing of programs in the United States add to the value of the book.

E. B. R.

**WHY KEEP THEM ALIVE?** By Paul de Kruif. New York, Harcourt, Brace and Co., 1935. 293 p. \$3.00.

A new volume by Mr. de Kruif always excites interest in the book world, and this one more than ordinarily because it deals with a question which has puzzled the wisest minds in these last years—how can people get enough money to pay for what they need? When to food and shelter and clothing is added the necessity for special medical treatment, in order to preserve health or even life itself, this question for many individuals and families must remain without answer today, as it has more or less always remained. If the writer's indignation that such things may be can communicate itself to enough readers, perhaps an answer is on the way.

It is encouraging to note the author's recognition, in the first chapter, of syphilis as a major health menace, along with tuberculosis, diphtheria, scarlet fever, and other communicable diseases.

JEAN B. PINNEY.

**Books on Sex Education**

**SEX EDUCATION.** By M. A. Bigelow. Revised and Enlarged Edition. A.S.H.A. 308 + 12 p. \$1.00.

This is not a review but a notice of publication by the American Social Hygiene Association of a revised and enlarged edition of the volume which for years has been favorably known to all workers in sex education (the educational aspect of social hygiene). It is a book primarily for general readers—especially parents, teachers, ministers, and students who need a general introduction and survey of the problems of sex and their relation to education of young people. It presents the educational problems and philosophy of the social hygiene movement in America to-day, and guides parents and teachers in the selection of literature which gives the details as to teaching children and youth.

Especially noteworthy are the sections on venereal diseases in education, marriage and morals, 32 pages of notes and discussions on current topics of sex and sex education, and 27 pages of classified and annotated selected bibliography in addition to numerous references in the text.

By omitting royalties and publisher's overhead charges, it has been possible to enlarge the book by 56 pages and reduce the list price from \$1.60 to \$1.00.

**STUDIES IN THE PSYCHOLOGY OF SEX.** By Havelock Ellis. A New Edition in Four Volumes. 3,047 p. New York, Random House, 1936. \$15.

So many thorough, appreciative and intelligent reviews of the new edition of this social hygiene classic have appeared in the standard newspapers and magazines that hardly anything can be added here for the information of the general reader. For the student of social hygiene already familiar with the monumental work, the chief current interest is in the progress in human thought evidenced by the general acclaim given to the publication of such literature for popular reading; also the scientific and medical acclaim evidenced by such incidents as the recent tribute of the British Medical Association. Remembering that the first of these studies, *Sexual Inversion*, when published in 1897, brought arrest and confiscation by the London police, and that publication and distribution of subsequent editions of this and the later studies were limited strictly to professional groups until now, it seems as if public understanding and acceptance of the place of sex in life have come a long way ahead in thirty years. A perennial student himself, the author will no doubt find fresh and significant data in this development, together with a well-earned satisfaction that his efforts have been a major factor in bringing it about.

For purposes of reference and record, it should perhaps be said here that the present four volumes are an exact reprint of the previous seven volumes of the studies, which appear under twenty-one titles. In the new edition these are grouped as follows; including the dates of first publication:

Volume I. *The Evolution of Modesty, The Phenomena of Sexual Periodicity, Auto-erotism*, 1899, revised 1910; *Analysis of the Sexual Impulse, Love and Pain, The Sexual Impulse in Women*, 1903, revised 1913. Volume II. *Sexual Selection in Man*, 1910; *Sexual Inversion*, about 1897, revised third edition about 1913. Volume III. *Erotic Symbolism, the Mechanism of Detumescence, the Psychic State in Pregnancy*, about 1906, finally reprinted 1928; *Eonism and Other Studies* (including *Erogenic Zones, Synthesis of Dreams, Narcissism, Undinism, Kleptolagnia, the History of Marriage*, etc.) 1928. Volume IV. *Sex in Relation to Society*, 1910, last reprinted 1928 (including chapters on sex education, abstinence, morality, marriage, the art of love, eugenics, etc.).

For comprehensive and detailed comment the reader will find it especially interesting and profitable to see reviews by H. M. Parshley in the *New York Herald Tribune Books* (Sunday, March 8, 1936), and by Joseph Jastrow in the *New York Times Book Review* (Sunday, March 29, 1936). *Time* magazine of March 9, also carries some interesting notes on the author as well as the work.

E. B. R.

UNDERSTANDING YOURSELF: THE MENTAL HYGIENE OF PERSONALITY.  
By Ernest L. Groves. New York, Greenberg, 1935. 278 p.  
\$2.50.

This book might well be entitled, *The Pursuit of Happiness*. Its first chapter, *The Human Quest*, presents the thesis that the term, happiness, is a symbol of the dynamics that move human conduct. People usually fail in their quest because they do not apply to it the simple rules they follow in their every-day affairs. They attempt to achieve happiness without any real plan and with little understanding of the materials and tools essential to success. "We cannot plan", says the author, "because we do not know ourselves, and we do not know ourselves because we lack that objective, familiar knowledge with our inmost experiences that we so easily gather of things outside ourselves." The first step towards happiness "must always be the facing squarely of one's own endowment, disposition and cravings. This insight cannot be had merely by wishing. There has to be a concrete searching of the self. To help the reader to know himself, to tolerate what cannot be changed, and to utilize to the full his personal and unique resources is the motive of this book."

In sixteen chapters, many of which bear such intriguing titles as *The Chemical Self, Our Strategic Center, The Fateful Passage, and Our Psychic Power Plant*, the author gives an authentic and interesting account of what science has learned about the endocrines, the mind, adolescence, the emotions and other factors which make up the personality. Emphasis is placed upon the parts they play in determining the degree and quality of happiness one may attain.

The material of the several chapters is well integrated and the book accomplishes the author's purpose in a manner which is at once instructive and pleasing. The final chapters, on marriage, *The Supreme Fellowship*, and *Consider the Stars*, a brief dissertation which might be called a philosophy of life, excellently summarize the

author's point of view. In the last chapter he compares three ways in which people attempt to live: they surrender to anything life may bring; they struggle, with discontent; or they struggle, with content. The last, and most satisfying method, is to be achieved only through self-understanding.

The author presents his scientific facts clearly and in a style which holds the interest of the reader after the manner of a well-written novel. The book is singularly free from technicalities yet written in a language which will appeal to the adult of college level of education. It should have a wide field of usefulness as a sound contribution to mental-hygiene literature.

FREDERICK W. BROWN.

**CHARACTER EDUCATION.** By Harry C. McKown. McGraw-Hill Book Company, 1935. 477 p. \$3.00.

The author has been impressed by the extent of the present interest in character education and the volume of material, formal, traditional, statistical, theoretical, and unapplied.

His purpose is to make this accessible and of practical assistance to the school administrator, teacher, parent, or other person interested in the development of character. He offers a background of principles, educational, psychological and sociological, not neglecting current disagreements in the field, describes material and methods, goes into the opportunities offered by community agencies with their relationships and responsibilities, and shows how these may properly be capitalized for character building. A distinctive feature of the book is the use of pithy quotations and challenging statements which together with the well-selected references will inevitably stimulate the reader to pursue his study of the subject. The treatment throughout is pointed and vigorous and the emphasis is practical rather than theoretical, because of the author's conviction that the "agencies which promote the wrong kind of character know no rules and recognize no regulations."

PEARL A. WINCHESTER.

**GENEALOGY OF SEX.** By Curt Thesing, M.D. Translated from the German by Eden and Cedar Paul, with introduction to the American edition by Smith Ely Jelliffe, M.D. New York, Emerson Books, 1934. 283 p. 73 ill. \$2.95.

This book might be briefly described as dealing with the origin and development of reproduction of sex impulses from amoeba to man, from the standpoint of biology, psychology, and sociology. Dr. Jelliffe terms it a "biologic panorama." It reviews carefully the methods by which life tends to perpetuate itself by reproducing new individuals like their parents. At the same time, it traces the origin of the sex impulses, through its myriad forms, from the one-celled animal to human beings; and in tracing the evolution from the simple to the complex, there are many suggestions bearing on man's own behavior.

The biological part of this book has been based on the vast zoological literature which has been accumulating from the time of Aristotle.

From this the author has selected a series of stages from animal life-histories, most of which are well known to general biologists. Thus far the author is on solid ground. The way is not so clear when he reaches human problems. His chapter, *Emancipation of Woman*, is an interesting account of the relation of the female to mating acts in numerous animals; but nothing in the chapter fits the title. Also, the chapter, *Love in Human Beings*, is readable and largely based on authoritative anthropology, but not logically related to the earlier biological chapters in the book.

In spite of this criticism, the book is interesting, apparently accurate as to facts, and will be useful as background for readers who do not have time for the extensive biological literature which is here selected and more or less integrated.

M. A. BIGELOW.

**CHILD PSYCHOLOGY.** By George D. Stoddard and Beth L. Wellman, University of Iowa, 1934. Macmillan. 407 p. \$2.50.

Research in child psychology has proceeded along many fronts with emphasis by no means even and results of varying importance. In reviewing and organizing the findings to date, Doctors Stoddard and Wellman of the Iowa Child Welfare Research Station, have performed a real service for students and workers in this field. Nearly five hundred studies are listed in the bibliography; a critical analysis of their methods and results forms the basis of this book. It should be invaluable in the planning of future research, indicating as it does just where such work is needed and what can be hoped from the known techniques.

For the practical educator, the book provides not only a convenient compilation of known facts, but also a clear picture of the possibilities and limitations of the orthodox research method. While experimental psychologists have made and continue to make valuable contributions to our understanding of the physical and intellectual development of children, their investigations of the emotional life and of personality problems seem singularly sterile. But they steadfastly refuse to recognize the possibilities of the psychoanalytic approach in these fields, dismissing its methods as unsuitable to research. The authors of this book are entirely orthodox in this respect—but the evidence they assemble testifies to the need of a more liberal attitude.

HELEN G. STERNAU.

**PARENTS' QUESTIONS.** By The Staff of the Child Study Association of America. Harper and Brothers, 1936. 312 p. \$2.00.

In her preface to *Parents' Questions* Mrs. Sidonie Matsner Gruenberg, director of the Child Study Association, says: "This book is one response to the many demands upon the Association from parents who are aware of their need for assistance and counsel. From their requests for help we have made a selection which we believe represents most of the perplexities, big and little, that are part and parcel of raising a family in the world as it is today. . . . The replies are directed toward the needs of the questioner, rather than toward a

didactic solution. . . . It is assumed throughout that whatever help can be offered to parents is in the nature of an orientation, a guide to further searching and understanding."

Perhaps the best way of exhibiting the scope of the book, beginning with habit training in young children and ending with a symposium on the professional woman at home, would be to give the chapter headings. *The Question and the Questioner, Habits and Habit Training, Discipline and Authority, Healthy Attitudes Toward Health, Heredity and Training, The Child's Emotions, Sex in Childhood, Character and Spiritual Growth, School and Home, The Child and the Outside World, Parents as People*, and the aforementioned *Symposium*. Each chapter is supplemented by an illustrative and suggestive story.

While *Parents' Questions* does not claim to be The Universal Compendium of Human Knowledge, it seems to the writer that there is scarcely a problem which comes to thinking parents which is not touched upon in a very thoughtful and helpful way. Fifty years of answering questions have put the Child Study Association in a position to be helpful and stimulating, and this book is a fine resumé of their work.

The chapter on sex seems to be one which will help the puzzled parent through the difficult bugbear of sex information in a straightforward, but not a matter of fact way. "Sex knowledge is not taught like geography. . . . Talking about sex is an emotional as well as an intellectual experience. . . . Sex interests of the child are normal and should be allowed open expression. . . . To be truthful does not always mean to be exhaustively factual."

It is interesting! This grandmother was shocked to see the dawn creeping under the window shade as she reluctantly turned off the light.

BLANCHE BORING SNOW.

#### Books on Marriage and Family Relations

FAMILY BEHAVIOR, a Study of Human Relations, by Bess V. Cunningham. Saunders, 1936. 471 p. \$2.75.

The family trinity is biology, economics and personality—and the greatest of these is personality. Dr. Cunningham's admirable college textbook breaks ground in a new field by assembling the available research material regarding personality in family relations and organizing it into an effective college text based on the psychological approach. It aims to lead the student to create his own philosophy of family life by thinking through its problems in the light of common opinion and attitudes interpreted through research study. It invites the student to think and provides an apparatus for stimulating his thought, by presenting the methods and results of those who have thought objectively and with research technique, and then challenges the student to think further by setting stimulating exercises and problems for individual and class use. Yet the person who approaches this book as a reader may well be delighted in what a competent psychologist has done in presenting our present

understanding of the family as revealed by psychological analysis.

The sections of the book include the introductory *Orientation*, with chapters on *Families and Family Behavior* and *How Shall We Study the Family*; the *Social Setting* with chapters on *Neighbors and Neighborhoods*; the section on *Old Problems in New Settings*—meaning their analysis in terms of behavior—and treating *Working and Sharing Income, Using Leisure, Adjusting to Community Life*; the concluding third of the book devoted to the *Nurture of Personalities* presents chapters on *Maintaining Healthy Minds, Careers for Parents, Children and Their Parents, Growing Up, and Families of Tomorrow*.

Besides its research data, the book presents opinions and comments “but always as opinions rather than as demonstrable truths.” Such opinion is, of course, the outcome to date (or perhaps only to yesterday!) of the race’s unconscious trial and error methods of learning, and is as valid in its place and to its degree as is scientific data itself. Here and there in the text a pungent saying like Chesterton’s “The men and women who revolt against the family are simply revolting against mankind,” gives interest to the moving analysis, and makes one thankful that James taught psychologists to be humanists!

To one whose interest in family problems is related to social hygiene, Dr. Cunningham’s book furnishes a fresh analysis of the individual’s familial experience as background to such matters rather than a treatment of specific professional issues. To the college student or adult reader who as family member, or to the social worker who as family diagnostician, is willing to work for his achievement of a better understanding of family life and an increased competency in his own personal relations, here is a manual which will yield real dividends. It is modestly presented, not attempting “to contribute a major part of any one student’s philosophy of life,” but “factual materials and suggestive interpretations offered with the hope that they may encourage a questioning attitude toward family problems and that they may in turn contribute to a workable philosophy of family life.”

BENJAMIN R. ANDREWS.

THE MARRIED WOMAN: A PRACTICAL GUIDE TO HAPPY MARRIAGE.

By Gladys H. Groves and Robert A. Ross, M.D. New York, Greenberg, 1936. 278 p. \$2.50.

This interesting book discusses frankly and helpfully the inevitable and manifold adjustments of married life from courtship to the sixties or seventies. In the first half-dozen chapters of the book the authors are largely concerned with sex adjustments. These are presented, so far as possible, from the wife’s point of view, which is an improvement over some other books that seem to over-emphasize the husband’s part in many types of adjustments.

The first two chapters, *How Women Get Married* and *Right Attitudes for Marrying Women*, should be read by all young women who are interested in the possibility of marriage. In addition to helping young women orient themselves on many important points, there is

a very challenging discussion of the question of "sex experimentation" before marriage.

Unlike many other books on sex adjustments in marriage, many of the chapters (especially the later ones) deal with hundreds of little matters of everyday adjustments with or without parenthood. It is a well known fact that many non-sexual adjustments make serious trouble in families in which there is no problem in sexual matters. It is useful to have both types of adjustments combined in the same book which aims to help women make adjustments with men in situations which are human rather than sexual in the limited sense of that word.

While the reviewer commends the book in general, he must, as a biologist, express a certain amount of irritation, because scattered here and there throughout the book there are paragraphs which are doubtful science. As examples, there is too much confidence in the supposed power of "fixations" and "complexes," which read well but explain little; "sex conflicts" are given doubtful value in explaining non-sexual anti-social acts and family adjustments; and there are a number of doubtful medical statements, such as effects of athletics on the pelvis (p. 185), or relation of menopause to spinsterhood or barrenness (p. 257). Fortunately, most of these points will not interfere with the usefulness of the book to the average reader.

Take it all in all, I recommend *The Married Woman* to thoughtful women who are making scientific preparation for imminent married life, and to any others who are honestly trying to find out "why things have gone wrong"—or not just right.

M. A. BIGELOW.

PERSONALITY AND THE FAMILY. By Hornell and Ella B. Hart. Boston, Heath, 1935. 391 p. \$2.80.

This unique book for college students centers around the modern family in relation to fulfillment of personality. It is designed to prepare students for their coming family life. The "family is pervasive." The vast majority of Americans live in family units. The family is the basic social unit in all the civilized world. All this because life arises directly from our inherited nature which determines that the unchangeable biological complete unit is man and woman and their offspring.

The family is composed of interacting personalities which should find fulfillment in combining into family units, and at the same time, meet the fundamental needs and values of the individuals concerned. As the reviewer interprets the book, all this is possible because the family becomes part of one's "expanded personality," which consists of the physical organism on which one builds emotional bonds to home, loved ones, careers, the community, ideas, beliefs, and a "variety of composite interest-complexes." It seems to the reviewer that according to this theory of "expanded personality" the purpose of family education is to help the individual develop his expanded personality so as to fit him into the family picture with

advantage to all personalities involved in the family, and indirectly in the community.

Around this idea of fulfilment of personality, Professor and Mrs. Hart have built an interesting and challenging book. In answer to such common questions as those concerning pre-marital sex experience and adjustments, promiscuity, adultery, divorce, and numerous relations in family life, the authors mass facts and arguments in order to convince the student that certain decisions and procedures are best from the standpoint of the greatest possible fulfilment of personality. Other authors have aimed at something similar in terms of the "greatest good" to the individual and the family, but it strikes the reviewer that the Harts have gained an advantage in centering attention on personality, in which we all have an egoistic, if not altruistic, interest.

In the section on *Sex Education for Children* the book is inadequate, because here is certainly a great opportunity for preparing the individual for the personality adjustments in family life. It is to be hoped that the Harts will develop this idea elsewhere, perhaps in a magazine article.

While there are numerous statements and paragraphs which the reviewer would debate with the authors, it is, on the whole, a stimulating book which deserves extensive and critical trial with mature college students. It is more in line with the point of view of American social hygiene, as expressed in both the old and revised editions of *Sex Education*, than any other text-book on the family. In other phraseology, the American movement for the larger sex education, or social hygiene education, has long stood for fullest development of personality in family life (see *Established Points in Social Hygiene Education*), and for this reason, *Personality and the Family* is an important contribution to the American movement for social hygiene education.

M. A. BIGELOW.

**TOMORROW'S CHILDREN.** By Ellsworth Huntington. New York, John Wiley & Sons, 1935. 139 p. \$1.25.

"All who have shared in the preparation of this book agree that everything possible should be done to encourage large families in the right kinds of homes and to discourage them in undesirable homes." A good key note for a book that leads its readers in an excursion into the future. *Tomorrow's Children* takes much account of Now, looks back to Then, and forward—especially—to When. It is based pretty soundly, it seems to me, on all the known facts of heredity, plant and animal. It does not shirk the intricacies of Mendelian and Neo-Mendelian concepts.

Frankly, Huntington acknowledges the comparative paucity of proven scientific findings in the field of human heredity, and properly challenges the geneticists to get busy and let the eugenists and the public generally have the benefit of their further discoveries.

Quantitative results are none too many, but this author has made judicious use of all that are available. Compared with the great volume of quantitative findings in physics, for example, Eugenics

has produced only a modest amount to date, but even this makes an impressive showing and requires a high type of mind to master it.

A great step in advance is this book. It embodies and gives voice to brilliant thinking on the part of the author and careful weighing and weighting of the thinking of others—almost all others who have done any thinking in this rather recently entered field. Strange that it was for so long unoccupied!

Perhaps the question and answer form of this book may seem childish to some, but please remember Huntington's explanation of the peculiar form of presentation. He believes that it is the intelligent layman, mostly uninformed (by accident) regarding all matters connected with *Tomorrow's Children*: eugenics, heredity, and environment, who most needs educating because he is the one who can do something about eugenics. This catechism form of presentation is meant to catch his attention.

By the way, you'll like Huntington's handling of that old question of the parts that heredity and environment play in the making of the final product, personality. That is one of the most hopeful signs in 1936 Eugenics. It takes into account and actually uses as a yard stick for measuring hereditary adequacy the supposedly environmental institution, The Home. See his pages seventy to eighty-three. The fact is that inherited environment is playing a prominent part, nowadays, in all up-to-date discussions and considerations of the future of the race. The quality of the home is regarded, Huntington says rightly, as both a measure of the inherited adequacy of the couple who make it and a measure of the chances of development of children born into it.

I should like to suggest to readers of *Tomorrow's Children* that they take note particularly of the stress that Huntington lays upon emotional, psychological, and physiological phenomena in relation to future citizens. That marks another important step in recent progress of Eugenics: giving heed to the less obvious but very important matters of human behavior in their proper and necessary relationship to inheritance and to the future of the race.

Huntington does not shy at economic questions, and he does a pretty fair job as he tackles them. *Eugenic Adjustment of Income to Size of Family* and other sections of the book open interesting questions and go far toward answering them with the proposals of family allowances and tax exemptions. Statistics are abhorrent to some people, and yet a statistical basis, factual material, belongs in a book of this sort. Such a table of figures as that showing the downward population trend in California is startling in its implications and consequently useful in telling the story of tomorrow's children. The book has a good many, but not too many, statistical statements and they give solidity to the structure.

In general, then, this is a stimulating rather than a satisfying book, and that is its avowed function. Faults you may find. But the main thing is this: You can't read even the Table of Contents without being strongly tempted to read the whole book.

And having read it, you still aren't quite sure. But your curiosity has been aroused, your center of gravity, mayhap, slightly shifted.

You'll feel differently, if you read Huntington, about *Environment versus Heredity, Sterilization, Birth Control, Positive and Negative Eugenics*. You will be much more of an optimist than before.

H. F. PERKINS.

### Books on Legal and Protective Measures

I KNEW THEM IN PRISON. By Mary B. Harris. New York, Viking Press, 1936. 407 p. \$3.00.

Occasionally a book appears about which one is tempted to "write a book" in reviewing it. This is such an one. It has deservedly had excellent and highly commendatory reviews in all the important publications to which experienced readers turn in selecting additions to their libraries. To all those interested in social hygiene problems it is only necessary to say that this book is worth a permanent place among your collection. To those who know Dr. Harris it may be added that between the lines there is much to be discovered of the personality and unique experiences of the author all unconsciously interpolated.

Major Bascom Johnson, who is recognized as America's outstanding authority on social hygiene laws and their enforcement, answered a question about whether this book was interesting as well as authoritative. His reply was "I sat down one evening to glance through it as a preliminary to reading later. I closed the book at four a.m. after reading the last word."

Dr. Harris has succeeded in presenting the history and development of custodial care of women and girls from its beginnings in this country through the workhouse, reformatories, farms for girls, the War period, and other stages to present state and federal homes for girls, without losing track of the intensely human side of the story; without too many statistics and technical details. Her chief prescription at the end—fresh air, sunlight, work, and responsibility, coupled with guidance and encouragement from sympathetic, understanding, and competent officials—will appeal to all who know anything about the group of women and girls to whom Dr. Harris has devoted so much of her life. When one thinks of it this is also the prescription we all need to keep us from becoming a problem for Society, as well as to rehabilitate us after Society has had to take charge of our lives.

WILLIAM F. SNOW.

PROSTITUTION IN THE MODERN WORLD. A Survey and a Challenge. By Gladys M. Hall, M.A. Emerson Book Co., Inc., N. Y. 1936. 200 p. \$2.00.

This book is a praiseworthy attempt to study prostitution "with an open mind" motivated by the author's "inability to accept conventional views" regarding it.

It contains nine chapters, a bibliography, and an index. As the chapter headings, supplemented by the author's foreword, are unusually suggestive of the contents of the book and the method of treat-

ment of her material, the former are given verbatim and extracts from the latter are quoted:—

*Chapter I*, entitled *The Problem of Prostitution*, contains “brief references to its antiquity and to its persistence” and, for the purposes of this book, defines it “to include both paid and unpaid forms of sex promiscuity.”

*Chapter II*, entitled *Extent and Practice*, deals first with the classes and ages of prostitutes and, second with the present position of prostitution in Great Britain, Ireland, France, Germany, United States, Canada, Australia and South America (Argentine, Brazil and Uruguay).

*Chapter III*, entitled *The Prostitute: Causes leading to Promiscuity* and *Chapter IV*, entitled *The Man*, deal with the two partners in a promiscuous relationship. The causes listed are for the supply of prostitutes in the one case and for the demand by customers in the other.

*Chapter V*, entitled *Traffic in Women and Children*, refers briefly in outline to International traffic as reported by the Commissions of Inquiry of the League of Nations.

*Chapter VI*, entitled *Results*, deals first with the physical and economic effects of promiscuity and then with the probable physical and mental effects of sexual abstinence.

The contents of *Chapters VII and VIII*, entitled *Laws Relating to Prostitution* and *The Effectiveness of Legislation relating to Prostitution* and *The Effectiveness of Legislation relating to Prostitution* respectively are sufficiently indicated by their chapter headings.

*Chapter IX*, entitled *Conclusions*, examines the significance of what the author believes to be “the present trend toward promiscuity, the point of view of exponents of ‘the new morality’, the new attitude of women towards sex and its probable effects on marriage and the relation of the sex instinct to social progress.”

The book is strongest and soundest wherever it deals with the sociology, the philosophy and the physiology of sex expression and weakest where it deals with the facts concerning prostitution and the efforts that have been made to deal with it and the result of those efforts. At least this is true as regards the United States, where the usual error which residents of other countries make, by regarding New York as typical of the rest of the country, is repeated. It is unfortunate, also, that the publisher has been permitted to expose his lack of knowledge of the subject at such length in a foreword and to include therein the unsound ideas of Magistrate Kross as “a genuinely intelligent approach to the problem”.

The book is interesting, well written, objective in method, dispassionate in tone, and while instructive to the novice, is provocative to the student. The author succeeds, through her calm and fair statement of both sides of certain basic aspects of the problem treated, in challenging sharply a number of preconceptions concerning those aspects. Among these preconceptions are the hoary doctrine of sex necessity and its modern corollary the harmfulness of sexual absti-

nence. Incidentally the real meaning of sex repression is once more explained and the implications and evasions of the "new morality" pointed out.

A useful book which I enjoyed reading.

BASCOM JOHNSON.

**SOCIAL DETERMINANTS IN JUVENILE DELINQUENCY.** By T. Earl Sullenger. John Wiley & Sons, 1936. 412 p. \$3.50.

This publication is a revision and enlargement of the author's previous monograph study which was based largely on juvenile delinquency in Omaha, Nebraska and Columbia, Missouri. The family, the playgroup, the neighborhood, the school are all described as social determinants of juvenile delinquency among certain groups. The runaway child, child labor, mobility and density of population, and economic status are analyzed as factors in delinquency of children.

The policewoman, the juvenile court, probation and child guidance clinics are discussed as forces in preventing or doing something toward lessening the damage due to delinquency. Under the general heading *Prophylactics of Juvenile Delinquency* the author pictures delinquency as a disturbed equilibrium between the individual and his environment, and suggests how social machinery may help to establish harmonious relationships again. Those specially interested in the phases of social hygiene having to do with problems of marriage, the home, and the family will find this book interesting and of value for reference.

E. B. R.

**THE AMERICAN CHAMBER OF HORRORS.** By Ruth de Forest Lamb. Farrar and Rinehart, 1936. 418 p. \$2.50.

An exceedingly interesting and detailed story of the effects of the Federal Government to protect the public against fraudulent and/or dangerous foods, drugs and cosmetics.

The book points out on pages 130-131 what social hygienists have long complained of—namely the lack of laws which prohibit the advertising of worthless nostrums for self treatment by those afflicted with syphilis or gonorrhea. Thousands, perhaps even millions, of people are fooled annually by these quack advertisers who are therefore in no small measure responsible for "the perpetuation of venereal diseases, with their train of chronic invalidism, insanity and sterility, with their blight on unborn generations."

Senate Bill No. 5, known as the Copeland bill from its introducer, Senator Copeland of New York, passed the Senate in 1935. It is still before the House Committee on Interstate and Foreign Commerce. It remedies some of the more glaring defects in the present Federal Food and Drug Act including the advertising of venereal disease nostrums above referred to. A strong, well organized lobby of manufacturers, advertisers and others less reputable is opposing the Bill. Its failure to pass would be a calamity.

BASCOM JOHNSON.

**Books on Medical and Public Health Measures**

**THE ART OF MINISTERING TO THE SICK.** By Richard C. Cabot and Russell L. Dicks. Macmillan Co., 1936. 384 p. \$3.00.

This book has been written "to all who care for the sick: to doctors, nurses, and social workers, and to the sick themselves, as well as the ministers to whom it is addressed primarily."

The doctor and the minister traditionally have been the professional visitors to the sick since time immemorial. As nurses and social workers and other special visitors have taken up and developed the art and the skill of such visitation and service, physicians and clergymen have become less informed about the lives and aspirations of the individuals comprising the communities they serve. This book endeavors to stimulate interest in teamwork of all concerned in the welfare and care of the sick. The book is unusual; as the authors have said, they wrote it because they were unable to find any adequate book. It should prove to be most suggestive and helpful.

E. B. R.

**PREVENTIVE MEDICINE AND HYGIENE.** By Milton J. Rosenau. Sixth Edition. Appleton-Century. 1481 pp. \$10.00.

A new book in old covers. Dr. Rosenau and the publishers have wisely decided that they could not improve the mechanical and structural form of this excellent reference book on preventive medicine and hygiene; so they have concentrated on improving its contents in line with the latest advances in research, medical practice and public health administration.

Any book of approximately fifteen hundred pages which can survive six editions must have a remarkable author, a skilful publisher, and meet a real need. This *vade mecum* of knowledge in its field does just that. The affection and esteem in which the author is held through the world has ensured him of unreserved assistance in collecting his revision material; and his long administrative and teaching experience has enabled him to make necessary changes without disturbing the tested values of this source book.

In the author's own brief preface social hygiene readers will find the additions which make this last edition of special interest. "The subjects considered for the first time in this book are: *Contraception, Maternal Mortality, Heart Disease, Diabetes, Ringworm, Snake Poisoning, Psittacosis; also Periodic health examinations, Hospitals et cetera.* . . . Subjects extensively rewritten are: *Venereal Diseases, Sex Hygiene, Heredity and Eugenics, Drug Addiction, Vitamins and Deficiency Diseases, Infant Mortality, Industrial Hygiene and Diseases of Occupation, Scarlet fever and Undulant fever.* . . . The following have been largely reorganized with much new matter: *Tuberculosis, Diphtheria, Vincent's Angina, Measles, Insect-borne Diseases, Flukes, Quarantine et cetera.*"

We are all indebted to Dr. Rosenau and the Publishers for keeping this book available as a current text.

WILLIAM F. SNOW.

PRINCIPLES OF HYGIENE. By Thomas A. Storey. Stanford University Press, 1936. Revised Edition. 524 p. \$3.50.

This well known text-book on "informational hygiene" is designed to give college students the facts on which to base rational discriminating health judgments which will help young people condition themselves for health in mature life. Part I, *Principles of Constructive Hygiene*, centers around the facts of biological sciences which provide the foundations for the science of health. This part is a good course in applied biology. Part II, *Principles of Defensive Hygiene*, deals primarily with the protection and defense of the human body against inimical conditions and enemies.

Those familiar with Professor Storey's writings and teaching will wish to replace their earlier editions with this revised text, and will look forward to later publication of the other parts comprising the complete series. The popularity of this text book in the long course of its evolution from Dr. Storey's original studies of matter and method in presentation of hygiene principles and practice has been gratifying and reassuring to both publishers and author and should ensure the further wide distribution of the book among college faculties and students.

Distributed through the book in line with the plan of presentation, readers will find the subject matter usually considered as coming within the field of social hygiene. Space does not permit a review of this material, but it should be recalled that Dr. Storey in addition to the many other important and influential positions he has filled was the first executive officer of the United States Inter-departmental Social Hygiene Board, and rendered distinguished service in that capacity both during and subsequent to the World War.

E. B. R.

THE PRINCIPLES AND PRACTICE OF HYGIENE. By Franklin Smiley, Adrian Gordon Gould and Elizabeth Melby. Macmillan, 1935. Second Edition, 495 p. \$2.50.

The first edition of this useful text prepared especially for nurses by these well-known writers was published in 1930. The present revision includes in addition to the original chapters a new section, entitled *Community Sanitation*, which discusses the evolution of sanitation through purification of water supply, et cetera, the prevention of food-borne infections and poisonings, the combat against the hazards of the lower animals, insects and soil, and the sanitation of the home. To social hygiene workers, Section VI, dealing with *The Hygiene of the Circulatory and Uro-Genital Systems*, and especially Chapter XVII, *The Hygiene of the Genital System and the Sex Instinct*, is the part of the book that will be of special interest. The same sound handling of these topics is found here as in *A College Text Book of Hygiene*, by Messrs. Smiley and Gould.

E. B. R.

PERSONAL AND COMMUNITY HEALTH. By Clair Elsmere Turner. C. V. Mosby Co., 1935. 680 p. \$3.00.

The fourth edition of this text book of health instruction for University students follows the original plan, but has sufficient new material and illustrations to warrant libraries and teachers in substituting it for earlier editions. Those who have not used the book will find it worthy of careful consideration in selecting a satisfactory text based on current concepts of the basic sciences on which personal and public health are founded. Social hygiene readers will be interested in the chapters on the hygiene of reproduction, the endocrines, mental hygiene, heredity and health, maternal and child hygiene, communicable diseases including syphilis and gonorrhea. The latter have been included in a special chapter on *Three Great Plagues* (syphilis, tuberculosis, the common cold). An excellent appendix on the control of communicable diseases summarizes the salient facts on each of the long list of transmissible diseases of importance in community life.

E. B. R.

HEALTHFUL LIVING. By Harold S. Diehl, M.D. New York. McGraw-Hill, 1935. 354 p. \$2.50.

This very attractive book on general health, in the opinion of the reviewer, is suitable for supplementary reading in a freshman hygiene course, but it also deserves wide distribution among intelligent readers who buy books for their home libraries. With specific reference to social hygiene, the chapters, *Mental Health*, *Normal Sex Life* and *Glands and Their Internal Secretions*, are most interesting. All maturing men and women, especially seniors in high schools and freshmen in colleges, would profit by reading the wise statement of Dr. Diehl concerning mental health, menstruation, emissions, masturbation, promiscuity, homosexuality, the sex glands, and marital relations.

M. A. BIGELOW.

THE MEDICINE MAN OF THE AMERICAN INDIAN AND HIS CULTURAL BACKGROUND. By William Thomas Corlett, M.D. Baltimore, Md., C. C. Thomas, 1936. 269 p.; illustrated. \$5.00.

Primitive medicine is described in detail in this scholarly work, the product of a distinguished physician's lifetime interest in the Indians of North and South America, from Hudson Bay to Tierra del Fuego. At least one concept all the various Indian nations hold in common, namely, that the physician's services consisted mainly in intermediation between the spirit world and man. The Medicine Man's principal duty is to bribe, frighten or persuade malicious spirits to cease tormenting ailing human beings. As in the beginning of Paleface medicine, the Indian physician and priest are one. For this privileged position a variety of methods of preparation exist in the different tribes. In some, a dream or a strange occurrence marks the calling of the select few to the sacred duties of Medicine Man. In others, years of study and specific training followed by long ap-

prenticeship are required. Thus in the Navajo nation, not only must the Medicine Man know the numerous herbal drugs, but he must also be skilled in the mystic practice of legerdemain and be perfect in the religious dances and chants, called "sings," some of which require nine days for their complete performance—a prodigious feat of memory.

Readers of Social Hygiene will be interested to learn about syphilis among the red men, but Dr. Corlett leaves undecided the old question as to whether syphilis existed among the Indians in pre-Columbian days. He concludes that the evidence is conflicting and inconclusive.

There is nothing in this otherwise complete book on the subject of gonorrhea, although the traditions among the Navajos and other tribes are clearly to the effect that gonorrhea was unknown before the white man came. Since this infection was unknown to the great medicine men of old, they did not devise a medicine for it. For this reason, so the Navajo believes, gonorrhea is not satisfactorily cured by the Medicine Man.

It is characteristic of Indian religion and medicine, that they are conventional, changeless, static. Neither in the religious rites nor in the practice of medicine, does progress have a place. Corlett has captured and recorded impressions and facts, which, with the rapid civilization of the North American Indian will, in all probability, soon be forever lost in their living forms.

WALTER CLARKE.

DERMATOLOGY AND SYPHILIOLOGY FOR NURSES (Including Social Hygiene). By John H. Stokes, M.D. Philadelphia, W. B. Saunders Co., 1935. A Second Edition, 368 p. with 81 illustrations. \$2.75.

This revised and expanded text, like the preceding edition, is addressed particularly to nurses, but the reviewer knows of no volume which contains social hygiene information of greater general interest, nor in more inspiring words. The last fifty pages, which make up *Part IV, The Principles of Social Hygiene*, really comprise a small volume in themselves, and sketch in the whole outline of the social hygiene movement as we know it today. Starting with a broad general definition, the headings give an idea of the range of discussion: *The Changing Viewpoint, the Cost of Medical Treatment of Syphilis and Gonorrhea, The Changing Economic Status of Marriage, Commercialization of the Sex Impulse, Normal Ideals of Sex Life*. Dr. Stokes perhaps sums the matter up when he says, early in this part of the text, "Social hygiene problems surround us on every hand. With every movement we rub elbows with them; and it is part of the cultural and professional equipment of every person, to say nothing of the nurse, to look upon them broadly and sympathetically, and to gain and apply knowledge of them in her daily work."

From the viewpoint of the nursing profession, the second edition of this book has been enhanced in value by the addition of some

new text, and the thorough-going revision of the whole work to include advances in knowledge gained since the original book was published in 1930. In particular, the social service and nursing approach to the clinic patient is considered with new and stimulating detail. A valuable added feature is a glossary.

JEAN B. PINNEY.

**A MARRIAGE MANUAL.** By Hannah M. Stone, M.D., and Abraham Stone, M.D. New York, Simon and Schuster, 1935. 344 p. \$2.50.

This is the most recent, and one of the best, of a number of books now available for the biological education of those planning to marry. It discusses in detail, but plainly, fitness for marriage, the anatomy and physiology of reproduction, the art of love, the prevention of conception, and many of the abnormal or unusual conditions that may be encountered in marriage. There is room for difference of opinion on points of detail, but actual errors are few. The book is written in the form of questions and answers, a mechanism which becomes somewhat tiresome, but this does not detract from its scientific value. There is a good bibliography and index. *A Marriage Manual* can be recommended with confidence to young people who seek an educational background for successful marriage.

PAUL POPENOE.

**ABORTION.** By Frederick J. Taussig. C. V. Mosby Co., 1936. 636 p. \$7.50.

As the author says, abortion has become a world problem, from both the medical and social viewpoints. The history and background of abortion has been outlined in relation to development of knowledge of the subject to ethnologic variations in practice. Spontaneous abortion is made the general basis of discussion of the scientific problems involved; while induced abortion is utilized as the basis for considering the legal and administrative as well as medical practice problems. The important social, economic and religious aspects are dealt with separately; and the recent experience of Russia to date is drawn upon interestingly to supplement the older and more conservative views and practices of other countries.

The limited space which can be allotted to such reviews in the JOURNAL OF SOCIAL HYGIENE, precludes any effective description of the contents of this book. The scientific standing of the author, however, and his wide experience and reputation as a scholar and writer are guarantees of the thoroughness and skill with which he has performed this difficult task. It was to be expected that medical critics would commend the book. Dr. Robert L. Dickinson says of this field survey of available knowledge, "First and last this volume renders service that is fundamental. Learning the facts is the first step toward combating any evil, and by facing facts we may be forced effectively to develop what appears to be the only cure for this evil and its near relatives; namely, to foster sane sex

life stayed on sound character and built in turn on fearless inquiry and wise education."

Dr. Taussig has contrived to write a book for physicians which will also prove invaluable and interesting as a source book for investigators of every aspect of this many sided problem.

E. B. R.

**MEDICAL HISTORY OF CONTRACEPTION.** By Norman E. Himes. Williams & Wilkins Co., 1936. 521 p. \$7.00.

The preparation of this history of contraception for the medical profession was undertaken at the invitation of the National Committee on Maternal Health by Prof. Norman E. Himes. Dr. George W. Kosmak, Editor of the *American Journal of Obstetrics and Gynecology*, has paid tribute to this scholarly review of efforts to control fertility through the past ages. He says, "the author's indefatigable ten-year search in foreign and American libraries and his consequent discoveries have made him an outstanding authority on the history of fertility control in Man." Dr. Henry E. Sigerist, director of the Institute of the History of Medicine, Johns Hopkins University, shares this view; and outstanding sociologists and physicians have commended the skill and fairness with which the subject has been dealt.

Every library which has a collection of references on fertility and sterility, on maternal health, child welfare and other medical and social subjects, should consider adding this book. Social hygiene readers will find the sociological data and observations of particular interest and the medical history not too technical for any student of the subject.

E. B. R.

### Bibliographies on Special Social Hygiene Topics

Single copies free of charge

	Pub. No.
<i>Social Hygiene and the Nurse</i> .....	945
<i>A Few References on Medical and Public Health Aspects of Social Hygiene and Popular Health Education</i> .....	986
<i>Selected References on Marriage and the Family</i> .....	989
<i>Selected References on Childhood and Youth</i> .....	990
<i>For the Special Interest of Librarians</i> .....	958
<i>Reading and References of Current and Historical Value on Social Hygiene Protective Measures, Prostitution and Law Enforcement</i> ..	955
<i>Readings and References in Social Hygiene for Use by Pastors and Church Leaders</i> .....	950
<i>Mental Hygiene Reading and Reference List for Social Hygiene Workers</i> ..	956
<i>Personal and Family Counseling</i> . 5¢.....	976

# THE SOCIAL HYGIENE BOOKSHELF FOR 1936

## *A Selected List of Social Hygiene Books and Pamphlets for Home and Public Libraries*

In response to constant requests for bibliographies the following lists of social hygiene books and pamphlets have been prepared. The need for selected lists is apparent in view of the fact that a very large proportion of publications in this field are unreliable and misleading, or advertised in ways calculated to exploit the public.

Many excellent publications dealing with special aspects of social hygiene or of a distinctly technical character are not included in these lists; and on the other hand some of those selected do not receive unanimous approval. The intention is merely to present a good working list. Publications on psychology, physiology, heredity and biology are not listed because they may be found under those headings in any public or college library.

Since many requests are received for "minimum" lists of fundamental books and pamphlets, an effort has been made to indicate those considered basic for a small library, with suggested additions for larger collections.\* Other suggestions will gladly be made on request, and the reader is also referred to the list of bibliographies on special topics mentioned on page 285. Other lists will appear from time to time as new publications are added.

### Books

The following classification has been arranged at the request of readers desiring guidance as to suitable texts for special groups. The inclusion of a title in one classification does not mean that it is not eligible to others. Most of the books recommended are of general interest and scope.

#### For General Readers

GRAY, A. H. *Men, Women and God*. New York, Doran, 1923. 189 p. \$1.50.  
New York, Association Press, 1923. 85c.

Problems of sex from a churchman's point of view.

ROYDEN, A. MAUDE. *Sex and Common Sense*. New York, Putnam, 1922.  
211 p. \$2.50.

#### For Parents

CHILD STUDY ASSOCIATION OF AMERICA. *Parents' Questions*. Harpers, 1936. 312 p. \$2.00.

2. GALLOWAY, T. W. *Parenthood and the Character Training of Children*. New York, Methodist Book Concern, 1927. 224 p. \$1.00.

A study course for parents on the relation of family life to the building of personal character.

1. GRUENBERG, B. C. *Parents and Sex Education*. New York, Viking Press, 1932. 112 p. \$1.00.

HUNTINGTON, ELLSWORTH. *Tomorrow's Children*. The goal of eugenics. New York, John Wiley and Sons, Inc., 1935. \$1.25.

A question and answer discussion.

2. STRAIN, FRANCES BRUCE. *New Patterns in Sex Teaching*. New York, Appleton-Century Co., 1934. \$2.00.

Shows how parents may meet unusual as well as common situations in sex instruction.

1. THOM, DOUGLAS. *Normal Youth and Its Everyday Problems*. New York, Appleton, 1932. 368 p. \$2.50. The influence of the parent-child relationship in the maturing period.

\* Publications numbered 1 are recommended as basic, those numbered 2 to form a larger collection. The other books and pamphlets may be added with advantage if a more comprehensive library is desired.

## For Children

1. DE SCHWEINITZ, KARL. *Growing Up: The Story of How We Become Alive, Are Born and Grow Up.* New York, Macmillan, 1928. 111 p. \$1.75.
2. TORELLE, ELLEN. *Plant and Animal Children—How They Grow.* Boston, Heath, 1912. 230 p. 96c.

## For Young People

(High school age and up)

1. DENNIS, LEMO T. *Living Together in the Family.* Washington, D. C., American Home Economics Association, 1934. 187 p. \$1.10. A text for the high school age, readable, interesting for adults and adolescents.
2. DICKERSON, R. E. *Growing Into Manhood.* New York, Association Press, 1933. 100 p. \$1.00.  
— *So Youth May Know.* New York, Association Press, 1930. 255 p. \$2.00. (Paper ed. \$1.25.)
2. HOOD, M. G. *For Girls and the Mothers of Girls.* New York, Bobbs-Merrill, 1914. 151 p. \$1.75.

## For Engaged and Married Couples\*

- ELLIS, HAVELOCK. *Little Essays of Love and Virtue.* New York, Doran, 1922. 187 p. \$1.50. An interpretation of the meaning and place of sex in life.
- EXNER, M. J. *The Sexual Side of Marriage.* New York, Norton, 1932. 252 p. \$2.50.
1. GALLOWAY, T. W. *Love and Marriage.* New York, Funk and Wagnalls, 1924. Revised 1936. 78 p. 30c. (National Health Series.)
- NEUMANN, HENRY. *Modern Youth and Marriage.* New York, D. Appleton & Co., 1928. 146 p. \$1.50.
- POOPENO, PAUL. *Modern Marriage.* New York, Macmillan, 1925. 259 p. \$2.00.
- SANGER, MARGARET. *Happiness in Marriage.* New York, Blue Ribbon Books, 1926. 215 p. \$1.00.

\* A mimeographed list of books under this classification, with particular reference to marriage adjustments is available upon request.

## For Teachers, Pastors, Physicians, Nurses, Social Workers and Students of Social Hygiene

## Sex Education

2. BIGELOW, M. A. *Adolescence: Educational and Hygienic Problems.* New York, Funk and Wagnalls, 1924. Revised 1936. 60 p. 30c. (National Health Series.)
1. — *Sex Education.* New edition, 1936. American Social Hygiene Association. \$1.10 postpaid.
- BROOKS, FOWLER D. *Psychology of Adolescence.* New York, Houghton Mifflin Co., 1930. 652 p. \$3.00.
- HOLLINGWORTH, L. A. *Psychology of the Adolescent.* New York, Appleton, 1928. 227 p. \$2.50.
1. SMILEY AND GOULD. *A College Text Book of Hygiene.* New York, Macmillan, 1935. \$2.00.
- WHITE, WILLIAM A. *The Mental Hygiene of Childhood.* Boston, Little Brown, 1919. 193 p. \$1.75.

## Public Health and Medical

- PELOUZE, P. S. *Gonorrhea in the Male and Female.* A book for practitioners. 2nd ed. Saunders, Philadelphia, 1931. 440 p. \$5.50.
1. SNOW, WILLIAM F. *Venereal Diseases—Their Medical, Nursing and Community Aspects.* New York, Funk and Wagnalls, 1924. Revised 1936. 59 p. 30c. (National Health Series.)
2. STOKES, J. H. *Dermatology and Syphilology for Nurses.* Philadelphia, W. B. Saunders Co., 1930. 311 p. \$2.50.

In addition to the special text for nurses contains excellent discussion of

general social hygiene principles and place of the movement in community and individual life.

#### *Legal and Protective Measures*

ADDAMS, JANE. *A New Conscience and an Ancient Evil*. New York, Macmillan, 1912. 219 p. \$1.50.  
Prostitution in modern civilized society.

1. FLEXNER, ABRAHAM. *Prostitution in Europe*. New York, The Century Company, 1920. 455 p. \$2.00. Useful to students of the problem in the United States.
2. GLUECK AND GLUECK. *Five Hundred Delinquent Women*. Alfred A. Knopf, New York, 1934. 549 p. \$5.00.
- HEALEY AND BRONNER. *Delinquents and Criminals, Their Making and Unmaking*: Studies in two American cities. New York, Macmillan, 1926. 317 p. \$3.50.
- HUTZEL, ELEONORE. *The Police-Woman's Handbook*. New York, Columbia Press, 1933. 303 p. \$2.00.
2. VAN WATERS, MIRIAM. *Youth in Conflict*. New York, New Republic Publishing Co., 1925. 293 p. \$1.00.

#### *Family Relations*

ADLER, FELIX. *Marriage and Divorce*. New York, Appleton, 1915. 91 p. \$1.25.  
Proposes restrictions on divorce and high ideals for marital relationships.

GOODSELL, WILLYSTINE. *A History of the Family as a Social and Educational Institution*. New York, Macmillan, 1915. 588 p. \$3.00.

1. GROVES, SKINNER AND SWENSON. *The Family and Its Relationships*. Lippincott, Chicago, 1932. 321 p. \$1.60.
1. HART, HORNELL AND ELLA B. *Personality and the Family*. Health, 1935. 381 p. \$2.80.
2. POPENOE, PAUL. *The Conservation of the Family*. Baltimore, Williams and Wilkins, 1926. 266 p. \$3.00.
2. SPENCER, A. G. *The Family and Its Members*. Philadelphia, Lippincott, 1923. 322 p. \$2.50.  
The relationship of each member of the monogamous family as it changes to meet new social demands.

#### *Prenatal Care*

1. DE NORMANDIE, R. L. *The Expectant Mother*. New York, Funk and Wagnalls, 1924. 57 p. 30c. (National Health Series.)
2. STEVENS, ANNE A. *Maternity Handbook*. New York, G. P. Putnam's Sons, 1932. 178 p. \$1.00.

#### *Pamphlets*

Unless otherwise stated, pamphlets are 10 cents each (free to members), 80 cents per dozen, \$5.00 per hundred, \$25.00 per thousand.

#### *For Parents*

	Pub. No.
1. Sex Education in the Home, Helen W. Brown.....	844
1. Some Inf'mation for Mother, John Palmer Gavit.....	532
Social Hygiene and the Child, Valeria H. Parker.....	542
2. A Formula for Sex Education, 5c.....	778
2. Your Daughter's Mother, Ruth K. Gardiner.....	319
Child Questions and Their Answers, 5c, Olive Woodruff.....	927
2. Established Points in Social Hygiene Education, Maurice A. Bigelow..	820
1. Special Series (5 cents each)	
Health for Man and Boy	839
Women and Their Health } William F. Snow.....	840
Marriage and Parenthood }	841

## For Boys and Girls

1. From Boy to Man .....	621
1. Health for Girls .....	831

## For Young Men and Young Women

1. Choosing a Home Partner, Newell W. Edson .....	845
2. The Question of Petting, Max J. Exner .....	853
Betrothal, Paul Popeno .....	902

(See also Special Series above)

## For Teachers, Pastors, Social Workers and Students of Social Hygiene

*Further technical references furnished on request  
Sex Education*

2. The Church's Opportunity in Family and Parent Education, International Council of Religious Education .....	915
The Church, Social Relations and Family Welfare, Anna Garlin Spencer .....	951
Sex Education, Gruenberg-Exner-Richmond .....	923
1. Education for Marriage, Max J. Exner .....	692
Established Points in Social Hygiene Education, Maurice A. Bigelow ..	820
Social Hygiene and the Child, Valeria H. Parker .....	542
Biology in the Elementary Schools, 25c, Harry B. Torrey .....	576
Human Nature Studies for the Early Grades, T. W. Galloway .....	613
High Schools and Sex Education. A manual of suggestions. U. S. Public Health Service.	
Sex Instruction in Public Schools, W. W. Beatty .....	971
A Formula for Sex Education, 5c .....	778
The Question of Petting, Max J. Exner .....	853
1. Case of Youth vs. Society, W. D. Towner .....	959

## Popular Health Instruction

1. Notes for a Popular Talk for the General Public on Syphilis and Gonococcal Infections, 5c, Walter Clarke .....	899
2. The Truth About Syphilis and Gonorrhea, 5c .....	789
2. The Medical Charlatan, 5c .....	791
1. What You Should Know About Social Hygiene, M. J. Exner .....	961
Patient instruction leaflets, \$1 per 100	
Syphilis .....	939
Gonorrhea .....	940
For Expectant Mothers .....	941
2. Social Hygiene Education in a City of Medium Size, Jean B. Pinney ..	854
Popular Health Education in Simplest Terms, Mary S. Edwards .....	891
New Brooms and Old Cobwebs, Jean B. Pinney .....	991
Carrying Health Facts to Industry, R. H. Everett .....	984

## Public Health and Medical

1. The Nurse in Control of Syphilis and Gonorrhea, Gladys L. Crain .....	922
Public Health and Social Hygiene, John H. Stokes, Public Health Nursing	
2. Practical Social Service in a Syphilis Clinic, Erla G. Ninnis .....	776
Value of Instructing the Syphilis Patient, 5c, M. J. Exner	
1. The Public, the Doctor, and the Syphilis Problem, John H. Stokes .....	960
2. Syphilis as an Economic Problem: Leon Bromberg, Michael Davis and W. F. Snow .....	808
2. Syphilis as an Industrial Problem: Walter Clarke, C. H. Kibbey and J. R. Garner Journal of Social Hygiene, Dec., 1932, 35c	
Industrial Aspects of Venereal Disease Control, James W. Long .....	931
2. Congenital Syphilis, J. F. Schamberg and C. S. Wright	

	Pub. No.
Syphilis and Mental Diseases, W. E. Merriman .....	929
What You Should Know About Social Hygiene, M. J. Exner .....	961
Individual Prophylaxis in Theory and Practice, William F. Snow .....	

*Legal and Protective Measures*

1. Social Life for High School Boys and Girls, Paul Popenoe .....	886
1. Regulation of Prostitution in Europe, Abraham Flexner .....	7
1. Prostitution in the United States, Bascom Johnson .....	857
2. The Abolition of Licensed or Tolerated Houses of Prostitution Summary, League of Nations Report, 1934 .....	921
Case of Youth vs. Society, W. D. Towner .....	959

*Family Relations*

High Points of the Conference on Education for Marriage and Family Social Relations .....	900
1. Pre-Marital Conference, 50c, Los Angeles Institute of Family Relations Social Hygiene and the Child, Valeria H. Parker .....	916
Prenatal Care, U. S. Children's Bureau .....	542
2. Marriage and Morals, Henry Neumann .....	
2. Love, Courtship and Marriage. Lecture and discussion outlines, N. W. Edson .....	932
Is Family Counseling a Profession?, R. G. Foster .....	978
Personal and Family Counseling: A list of centers and other informa- tion, 5c .....	976

*General*

1. The Social Hygiene Program—Today and Tomorrow, C.-E. A. Winslow .....	832
1. Present Status of Venereal Disease Prophylaxis—Social and Medical, Edward L. Keyes .....	816
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### A New Lecture Film

Health and welfare agencies, industries and other groups in search of novel and inexpensive ways of arousing public interest in social hygiene problems will welcome the new talking slide film recently produced by Ralph Rushmore under the sponsorship of the American Social Hygiene Association. The special subject of the production is syphilis, and the title is *For All Our Sakes*.

Attractively photographed, and accompanied by a voice recording of unusual variety and vividness, this new presentation should be decidedly effective as a means of informing the lay public, which it is particularly designed to reach.

The film and record (disc) have been prepared for use with any standard "talking slide" machine. In general this lecture may be shown to any audience at any time simply by telephoning the Western Union Telegraph Company, which handles the equipment and operation of such productions in the principal cities of the country. The Company's inclusive charge for this service is \$10.00 per showing. The production can also be leased directly through the Association by the day, week, month or year. For terms and other details inquire at the Association's offices at 50 West 50th Street.

## TO JOURNAL READERS

As in previous years, the JOURNAL will omit publication of monthly issues for July, August and September. We hope to greet our friends again in October. Meanwhile, please watch the *Social Hygiene News* for announcements, and let us hear from you at any time on special matters.

THE AMERICAN SOCIAL HYGIENE ASSOCIATION has been since 1914 the national voluntary agency for social hygiene. Its purpose is to encourage, strengthen and preserve American family life, by such means as

Health Protection—through prevention and treatment of the health enemies syphilis and gonorrhea

Good Environment— influenced by provision for wholesome use of leisure time, exclusion of degrading amusements and repression of commercialized prostitution

Successful Living—amplified and safeguarded by sound sex instruction and education for marriage and family relations

The Association is glad to aid and advise all agencies and individuals interested in working towards these objectives, and seeks their cooperation in planning and carrying out the national program. The organization is supported entirely by voluntary contributions and membership dues, which come from every part of the country. Membership privileges include: the monthly JOURNAL OF SOCIAL HYGIENE; the SOCIAL HYGIENE NEWS; copies of pamphlets (on request); 10% discount on books in our selected list; library loan and reference privileges; advisory service from the staff.

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Suggestions  
A contribution, or your name for membership  
The names of others who may be interested

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PUBLISHED MONTHLY EXCEPT JULY, AUGUST AND SEPTEMBER  
AT 372-374 BROADWAY, ALBANY, N. Y., FOR

THE AMERICAN SOCIAL HYGIENE ASSOCIATION  
EDITORIAL OFFICES  
50 WEST FIFTIETH STREET, NEW YORK CITY

National Social Hygiene Day ~ February 3, 1937

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Entered as second-class matter at post-office at Albany, N. Y., March 23, 1922.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized March 23, 1922.

Published monthly (nine issues a year) for the Association by the Boyd Printing Company, Inc., 372-374 Broadway, Albany, N. Y.

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# Journal of Social Hygiene

VOL. 22

OCTOBER, 1936

NO. 7

Community Number

## ORGANIZING A REGIONAL CONFERENCE ON SOCIAL HYGIENE

JACOB A. GOLDBERG, Ph.D.

*Secretary, Social Hygiene Committee, New York Tuberculosis and  
Health Association*

### *Introduction*

The American Social Hygiene Association, in carrying out the national program and assisting the states and communities in the development of the social hygiene movement in this country, has held its annual meetings in the City of New York, in which the national office is located. For a period of years the Annual Meeting included in part, discussion of problems local to the City of New York. Likewise, in preparing the program for the Annual Meeting some of the local agencies were invited to participate, especially after the formation of the Social Hygiene Committee of the New York Tuberculosis and Health Association in 1928. In 1931 and 1932 the Secretary of the Social Hygiene Committee in New York City cooperated with the national organization in the selection of speakers and in other details relating to the holding of this annual meeting of the national organization. Subsequent to the meeting of 1932 executives of the American Social Hygiene Association proposed that the local committee should assume responsibility for holding a yearly meeting on social hygiene to be given over largely to a discussion of social hygiene problems affecting the City of New York. This, in effect, was to be a Regional Conference on Social Hygiene, similar to such conferences previously held by state and local groups with the cooperation of the national

association in different parts of the country.<sup>1</sup> Following a series of conferences between representatives of the national agency and the local association, the author, serving as Secretary of the local society, undertook the preliminary work prior to the holding of a conference in January of 1933.

Since that time a successful one-day Regional Conference with large and interested audiences—2,500 attended the 1936 Conference—has been held in New York each year during the latter part of January. The detailed programs of these Conferences and many of the papers and discussions presented have been published in previous issues of the JOURNAL OF SOCIAL HYGIENE, and are therefore not repeated here at this time.<sup>2</sup> This article is intended rather to report on the methods and procedure of organizing and conducting a Regional Conference, with the thought that such data may be of immediate service to those concerned with the possibility of holding such annual meetings on social hygiene, or in checking up on current activities.

### *Organization Methods*

#### *Securing Sponsorship*

Realizing that the success of any event of the kind contemplated depended largely on its being developed under sound auspices, the initial step in organizing the first New York Regional Conference was to secure proper sponsorship. In the fall of 1932 interested state and local agencies were invited to join the American Social Hygiene Association and the New York Tuberculosis and Health Association in sponsoring a regional conference to be held in January, 1933. The following agencies responded to the invitation: Bellevue-Yorkville Health Demonstration, Brooklyn Tuberculosis and Health Association, Children's Welfare Federation, Crime Prevention Bureau of the New York Police Department, New York City Department of Health, New York State Department of Health, Queensboro Tuberculosis and Health Association, State Charities Aid Association, and Welfare Council of New York. Representatives of these agencies participated in the discussion of the committee which helped to pre-

<sup>1</sup> Among the cities in which regional conferences on social hygiene have been held during the past 15 years are: Boston, Philadelphia, Erie (Pa.), Newark, N. J., Washington, D. C., Louisville, Atlanta, New Orleans, Houston, Detroit, Cincinnati, Indianapolis, Chicago, St. Louis, Kansas City and San Francisco. These regional meetings have been supplemented by state and local meetings held in most of the larger communities of the country. In each case state and community social hygiene agencies and other health and welfare groups sponsored these events in cooperation with the national association.

<sup>2</sup> See JOURNALS of January, May, 1933; January, April, May, 1934; January, March, April, 1935; February, 1936.

pare the program and invite the speakers. The Conference was held on January 26, 1933, at the George Washington Hotel, with an attendance of nearly a thousand persons.

Following this successful occasion, a committee representing the sponsoring agencies held several meetings during the year for the purpose of taking stock on what had been accomplished in the preceding Conference, and to lay plans for the succeeding year. It was decided that it might be well to organize what the Secretary of the Conference called a Social Hygiene Council of New York, in order to give the Conference some special status or standing in the community. Therefore in preparation for the 1934 Conference and future Conferences, the Social Hygiene Council of Greater New York was formed, with the Conference Secretary as Secretary of the Council.

This Council has continued to function, with new agencies added to its membership each year, a total of twenty-eight organizations, representing all fields of social hygiene work, being represented in sponsorship of the 1936 Conference.<sup>1</sup> The Council holds an annual business meeting at the time of the Conference, and holds meetings between Conferences for discussion of past and future programs, transaction of any necessary business, or consideration of special social hygiene situations which may arise locally.

As all who have had experience in conference organization will agree, it is of the utmost importance that the sponsoring group for a meeting of this kind should be as strong as possible. Where a social hygiene society or committee is already established in a community, cooperation with state and local groups in allied fields will doubtless already exist, but a review of the list of agencies will usually reveal a number of fresh and advantageous contacts. Where no special agency is conducting social hygiene work, the cooperation of all groups whose programs relate in any way to this field should be sought, that the various phases of activity may be represented and that adequate support may be provided for the project as a whole. In New York City, as already indicated, the procedure was first to organize a small sponsoring committee of representatives of several agencies; and later, as the Conference program assumed greater importance, to form a larger Social Hygiene Council. This Social Hygiene Council is similar to a sponsoring committee, but it has the added weight of having not only individuals serving on the committee to help organize the Conference but also having given organizations officially represented in a year-round group. It might be desirable in other communities to start with the organization of a

<sup>1</sup> In addition to those originally named, these were: Association for Improving the Condition of the Poor, New York Board of Child Welfare, Brooklyn Bureau of Charities, Brooklyn Society for Prevention of Cruelty to Children, New York Charity Organization Society, Children's Aid Society, Coordinating Council of the Medical Societies of the Five Counties of Greater New York, Girls' Service League, Institute of Family Relations, Jewish Board of Guardians, Metropolitan Association of Jewish Center Workers, National Probation Association, National Society for the Prevention of Blindness, New York Academy of Medicine, New York Association for the Blind, New York State Commission for the Blind, Traveler's Aid Society, United Neighborhood Houses of New York, and the United Parents Associations of New York City.

social hygiene council or to utilize an already existing council of some kind to provide the support and leadership for such a conference.

For smaller communities it may be desirable to depend upon a state organization to take the lead in the holding of such Conferences or for several smaller communities in a selected area to cooperate in the holding of such a series of meetings, in order to bring adequate support to the building up of the Conference.

### *Program Making*

The second step in organizing a Regional Conference is naturally the setting up of a program. In New York the Conference Secretary in advice with the national staff was at first largely responsible for this, but latterly a committee of five or more members has been appointed each year by the Social Hygiene Council to develop the subjects to be discussed and confer on the selection of speakers. Program making has also been simplified by the device of asking representative agencies of the Social Hygiene Council to assume the responsibility of preparing programs and obtaining speakers for certain sessions. In this way the demands on the administration office and on the Secretary have been considerably diminished and the program greatly enriched. During the past two years this has been the method pursued for several of the sessions, and this plan will undoubtedly be continued in the future. The program as a whole, however, is subject to the approval of the program committee appointed by the Social Hygiene Council.

In selecting subjects and arranging sessions an attempt has been made to prepare a program that those of diversified interest might attend all day and yet not feel that there has been too much duplication. Further, subjects are arranged so that special groups may conveniently attend. Teachers and visiting teachers, for instance, whose duties keep them in the school service until about three o'clock, find it possible to come in the afternoon for discussion of educational problems which may fall in their province.

In arranging the sessions it has been thought best to compress the entire program into one day, even though this has meant that as many as four sessions on various subjects are run simultaneously. Generally speaking the New York programs have included two or more sessions at 10 A.M.; a large general luncheon session at 12:30 P.M. and a group of afternoon sessions at 3 P.M. The Annual Meeting of the Social Hygiene Council is held at 5 P.M. Sometimes the Conference has also arranged a dinner session in the evening, or this has been done as a part of the Annual Meeting plans of the American Social Hygiene Association, which in some years has held this event coincidentally with the Conference.

Care must be taken, of course, if simultaneous sessions are held, to choose subjects sufficiently specialized to interest their own groups, without detracting too much from other sessions. While a certain amount of conflict in interest is unavoidable, the breadth of the social hygiene program permits this plan to work out well usually. For instance, the program of the 1936 Regional Conference included four

morning sessions, all going on at the same time, on the subjects: *The Toll of Gonorrhea, Youth and Family Relations, Congenital Syphilis in New York City, and Youth and Delinquency*. Three simultaneous afternoon sessions dealt with *Control of Syphilis and Gonorrhea in Europe, Venereal Disease Problems Faced by Social Agencies, Public and Private, and The Role of Women's Organizations in Promoting Sex Education*. Each session drew its own special audience. The luncheon session at noon discussed a topic of general interest, *A Unified Social Hygiene Program for New York City and State*.

Some of the subjects discussed at special sessions in previous conferences have been: on the medical side: *Quackery in New York City, Clinic Problems Relating to Syphilis and Gonorrhea, Discovery and Recognition of Prenatal Syphilis, Industrial Aspects of Venereal Disease Control, Control and Treatment of Vaginitis in New York City, The Toll of Syphilis, and Social Service Problems among Venereal Disease Cases*. Educational aspects have been taken up under such topics as: *Sex Education and Mental Hygiene, Sex-Character Education in Public and High Schools: Is Such a Plan Feasible in New York City? Next Moves in the Development of Sex Education*. On the legal and protective side, sessions have been held on *Some Preventive Measures in Social Hygiene, Delinquency and Social Hygiene, Problems of Follow-Up Role of Neighborhood Agencies in a Social Hygiene Program, Family Adjustment through Domestic Relations Courts*.

At the general luncheon sessions, topics of broad general interest have included: *Community Aspects of the Treatment of Syphilis and Gonorrhea, Family Welfare Problems Relating to Venereal Diseases, Medical and Educational Aspects of a Venereal Disease Program for New York City*.<sup>1</sup>

The dinner sessions have dealt with subjects like: *The Report of Committee on the Costs of Medical Care and its Possible Effects on Control of Syphilis and Gonorrhea, Community Control of Disease in Times of Depression, and The Opportunities of Voluntary Health Agencies*.

It will be seen that the trend has been to discuss problems of importance to New York City and vicinity, and their practical means of solution. In general it is believed that a Regional Conference should deal with regional problems, which will doubtless readily suggest themselves to the program-makers of other communities.

To illustrate the manner of setting up the program, number of speakers participating in sessions—and other details, the 1936 Conference program is reprinted here in full.

<sup>1</sup> This session discussed the specific problems of mass education regarding venereal disease by means of the radio, newspapers, and other public information channels. Two of the speakers were the educational directors of the two chief national broadcasting networks.

## REGIONAL CONFERENCE ON SOCIAL HYGIENE

UNDER THE AUSPICES OF

THE SOCIAL HYGIENE COUNCIL OF GREATER NEW YORK

PENNSYLVANIA HOTEL

WEDNESDAY, JANUARY 15, 1936

10:00 A.M.

**Subject:** The Toll of Gonorrhea**Presiding:** DR. HOWARD S. JECK, *Assistant Professor of Urology*, Cornell University Medical College**Speakers:** DR. EMILY D. BARRINGER, *Gynecologist*, Kingston Avenue Hospital; DR. SHIRLEY W. WYNNE, *President*, Children's Welfare Federation; DR. STANHOPE BAYNE-JONES, *Dean of School of Medicine*, Yale University; DR. WILLIAM BIERMAN, *Attending Physiotherapist*, Mt. Sinai Hospital**Subject:** Youth and Family Relations**Presiding:** DR. VICTOR C. PEDERSON, *General Secretary-Director*, The Institute of Family Relations**Speakers:** MR. WAYLAND D. TOWNER, *Director*, Council of Social Agencies of the Oranges and Maplewood, N. J.; MISS AMY BLANCHE GREENE, *Acting Executive Secretary*, Youth Department, Greater New York Federation of Churches; MR. ERNEST G. OSBORNE, *Associate in Parent Education*, Child Development Institute, Teachers College, Columbia University**Subject:** Congenital Syphilis in New York City**Presiding:** DR. J. STURDIVANT READ, *Professor of Urology*, Long Island College of Medicine**Speakers:** DR. ALFRED POTTER, *Director of Dermatology and Syphilis*, Kings County Hospital, *Professor Emeritus of Dermatology*, Long Island College of Medicine; DR. JESSIE MARSHALL, *Pediatrician*, Babies' Hospital, *Physician at Venereal Disease Clinic*, Meinhard Memorial Health Center; DR. THURMAN B. GIVAN, *Associate Pediatrician*, Long Island College Hospital**Subject:** Youth and Delinquency**Presiding:** MR. CHARLES L. CHUTE, *Executive Director*, National Probation Association**Speakers:** Relative Importance of Medical, Psychiatric and Social Factors in Delinquency, DR. BERNARD SACHS, *Chairman*, Sub-Committee on the Domestic Relations Court of the New York Academy of Medicine; Needed Steps in the Development of the Domestic Relations Court, HON. JOHN WARREN HILL, *Presiding Justice*, Domestic Relations Court; One Year of the Adolescent Court, HON. JEANETTE G. BRILL, *Magistrate*, Adolescents' Court, Brooklyn, N. Y.; MR. PATRICK J. SHELLY, *Chief Probation Officer*, Magistrates' Court, New York City

Luncheon Session 12:30 P.M.

**Subject:** A Unified Social Hygiene Program for New York City and State**Presiding:** DR. I. OGDEN WOODRUFF, *President*, New York Tuberculosis and Health Association**Speakers:** DR. JOHN L. RICE, *Commissioner of Health*, City of New York; DR. GEORGE H. RAMSEY, *Assistant Commissioner of Health*, State of New York; DR. R. A. VONDERLEHR, *Assistant Surgeon General*, *Chief, Division of Venereal Diseases*, United States Public Health Service, Washington, D. C.

3:00 P.M.

**Subject:** Control of Syphilis and Gonorrhea in Europe  
**Presiding:** DR. WILLIAM F. SNOW, *General Director*, American Social Hygiene Association

**Speakers:** DR. DAVID J. KALISKI, *Syphilologist*, Beth Israel Hospital; DR. WALTER CLARKE, *Director*, Bureau of Social Hygiene, Department of Health, City of New York; DR. WILLIAM BAYARD LONG, *Director of Dermatology and Syphilis Clinics*, St. Luke's Hospital

**Subject:** Venereal Disease Problems Faced by Social Agencies—Both Public and Private  
**Presiding:** MR. DOUGLAS P. FALCONER, *General Secretary*, Brooklyn Bureau of Charities

**Speakers:** MISS H. IDA CURRY, *Superintendent*, County Children's Agencies, State Charities Aid Association; MISS EDNA MCKEEVER, *Director of Investigations*, Board of Child Welfare, City of New York; MISS NATALIE M. DODD, *Assistant Director of Nursing Bureau*, Association for Improving the Condition of the Poor

**Subject:** The Role of Women's Organizations in Promoting Sex Education  
**Presiding:** PROF. SARAH M. STURTEVANT, *Professor of Education*, Teachers College, Columbia University

**Speakers:** MRS. JAMES LEES LAIDLAW, *Member Board of Directors*, American Social Hygiene Association; Florence Crittenton League; MRS. MARION SIMONSON, *Field Secretary for Social Hygiene*, State Committee on Tuberculosis and Public Health, State Charities Aid Association; DR. VALERIA PARKER, *Consultant*, American Social Hygiene Association

5:00 P.M.

Meeting of the Social Hygiene Council of Greater New York

6:00 P.M.

Business Session—Annual Meeting of the American Social Hygiene Association

Election of Officers and Other Necessary Business

Dinner Session 7:15 P.M.

Group Discussion Among the Directors, Members and Friends

8:30 P.M.

ADDRESS OF DR. EDWARD L. KEYES, *President*, American Social Hygiene Association; and Introduction of Officers for 1936

**Subject:** Opportunities of Voluntary Health Agencies  
**Speakers:** PROF. IRA V. HISCOCK, *Professor of Public Health*, Yale University; DR. LOUIS I. DUBLIN, *Third Vice-President*, Metropolitan Life Insurance Company

#### Selection of Speakers

The New York Conference makes an attempt from year to year to secure the most competent and well-known speakers on a given subject. Where state and local persons are not available, the Conference has occasionally invited speakers from other areas, though in general it has been found possible to obtain recognized authorities of national repute in the region of New York City. The sample program just preceding gives an idea of the distinguished type of speakers who have accepted participation. Invitations to the speakers have usually been issued by the Conference Secretary or by members of the Pro-

gram Committee. When selecting three or more speakers on a given subject it is essential to divide the discussion of a topic in such a way that the major interests of the speakers are met and no duplication arises. In addition, an effort must be made to advise each speaker prior to the preparation of papers, of the phase of a given subject he should attempt to cover.

*Selection of Chairmen:* The necessity of selecting chairmen who can preside with adequacy and force and at the same time keep the meeting going at a proper pace, is of utmost importance. With such a large number of sponsoring agencies as has been developed by the Social Hygiene Council, it is a matter of moment from year to year to distribute the chairmanships among representatives of several of the sponsoring agencies. It is usually possible to get the executive or some prominent board member of a participating agency, presumably well equipped to preside, with both knowledge and experience, over a session in which the agency's major field of interest lies. The Conference Secretary should desirably prepare necessary instructions to chairmen presiding at such meetings, with written statements about each speaker, his official connections and other comments which might aid the chairman in making his introductory remarks and in conducting the meeting.

*Meeting Place:* New York City has so many hotels that it is easily possible to meet any requirements regarding costs of meals, adequate meeting place, central location, etc. This is particularly true of the Borough of Manhattan in which the Regional Conferences on Social Hygiene have been held. Even though such is the situation, it has been necessary to use marked discrimination in the selection of a hotel which may be centrally located, which offers all facilities necessary, and which meets with the approval of the sponsoring committee. In New York City such hotel facilities may easily be obtained without any financial obligations other than the holding of a luncheon session at regular costs for the luncheon, as hotel managements are anxious to cooperate to the utmost and are usually found to be most helpful. However, in other communities, the hotel situation may not be as easily met and other plans may have to be made, including the use of school auditoria, convention halls, churches or other meeting places.

It is advisable to have all sessions under the same roof, if possible, in order to save time and avoid confusion. Likewise, as far as possible, all meetings should be held in one part or on one floor of a hotel, if local facilities are adequate.

The early Regional Conferences held by the Social Hygiene Council occurred at the George Washington Hotel, Lexington Avenue and 23rd Street. When the space available at this hotel proved too limited for the increasing attendance, the Conference moved to the Pennsylvania Hotel, 7th Avenue and 32nd Street.

*Printing of Programs and Tickets:* The printing of programs is apt to involve some difficulty unless topics are picked and speakers selected some weeks ahead of the date of the Conference. At least ten days has to be allowed in New York to the printer for the preparation of

the program and its delivery. It has been found helpful to adhere to the same style of type and general appearance of program from year to year as in this way the program receives immediate recognition by those who have seen previous programs, particularly as the Conference grows in esteem in the community. An adequate number of programs should be printed to make it possible to give each of the cooperating and sponsoring agencies enough for distribution among their staff members, contributing members if they so desire, executive committee and other committees of the organization. Luncheon or dinner tickets should be ordered in a number sufficient to meet the needs of any overflow or last minute reservations.

*Distribution of Programs and Tickets:* In distributing programs in advance of the conference as indicated in the previous paragraph, it has been found desirable to use the facilities of the cooperating agencies. The compilation of a master list covering the entire city is time-consuming and involves considerable expense. It is much cheaper in the end to ask the sponsoring agencies to send out programs, which they are usually glad to do, and to take a chance on a small percentage of duplication. In addition, each sponsoring agency is apt to feel a greater sense of responsibility for the Conference as a whole if it sends out programs, and thus actively participates in building up the Conference attendance.

It is strongly recommended that the handling of luncheon and dinner tickets be assigned to one person who will be responsible for the control of the funds and the numbered tickets sent out. Otherwise, there is apt to be difficulty in balancing the account, particularly on the short side. It is further suggested that, outside of the usual exceptions, no tickets be sent out unless a check, money order or cash has been received therefor. Otherwise, difficulties will arise the day of the Conference and subsequently. It is also urged, as a result of experience in New York, that an attempt be made to obtain payment for all tickets before the day of the Conference, in order that a proper seating may be achieved, and that the least amount of confusion shall exist at the hour of the luncheon and dinner sessions. Luncheon and dinner tickets should be numbered by the printer consecutively, and space should be allowed on the front side of the ticket for the table number.

*Publicity:* All arrangements for publicity should be completed in advance of the Conference. These should include necessary publicity a week or more before the Conference, and a press table with the necessary appurtenances set up for the day of the Conference itself. To some one person affiliated with one of the sponsoring agencies and proficient in the field of publicity should be assigned the task of handling all publicity, meeting the representatives of the press, providing them with necessary material, facilities, advance copy, et cetera. This procedure has been followed in New York with signal success. Taetful handling of these details has resulted in the use of the words "syphilis" and "gonorrhea" in the news columns of New York papers when reporting these Conferences, and the allowance of considerable space to the reporting of addresses of the various speakers. One out-

standing newspaper development from these Conferences was the series of editorials and eight full-page articles which appeared in the *New York Daily News* following the 1936 Conference.

It is most important that the papers of as many speakers as possible should be obtained some time prior to the day of the Conference. If complete papers are not available, an abstract of the material to be presented or read should be obtained. The full papers and the abstracts should be duplicated in sufficient number to make them available to the press representatives the day before the meeting or during the Conference itself. Very often newspaper representatives have several meetings to attend in a given part of the day, and given these papers they can make the necessary arrangements for newspaper inclusion.

In dealing with the newspapers, it is desirable to impress on the reporters the necessity for a conservative, non-sensational treatment of social hygiene material, in order to secure the most effective presentation.

*Exhibits:* The setting up of interesting and attractive exhibits adds much to the general value of the Conference. Through the aegis of the various cooperating agencies it has been possible to set up such exhibits, with improvement and increasing interest from year to year. The available exhibit space should be mapped out some time prior to the Conference. Thereafter, adequate space should be plotted for each of the sponsoring agencies and space allowed on the basis of the needs and availability.

It is undoubtedly advisable to deny space at such a Conference to outside groups who have specialized propaganda which they wish to spread. This applies particularly to publishers of sex magazines who offer to distribute their publications free of charge, and to special propaganda agencies dealing with political questions. Demands for space and for the privilege of distributing such material are made from year to year but they have been rejected.

*Signs:* In order to avoid difficulties and much shifting of those who attend the Conference, it is desirable to prepare signs with the topics of the sessions, these signs to be attached to the entrances of the meeting rooms. Likewise, a sign should be prepared and displayed over the registration desk, the desk for distribution of reserved tickets, the press table, and such others as may be needed. In addition, one large sign should be set up at the entrance to the section of the hotel where the meetings are to be held, indicating the rooms to which various sessions are assigned. The hotel where Conference sessions are held will naturally include their hours and locations in its daily calendar of events displayed in the lobby.

*Seating Lists:* It has not been found necessary to prepare seating lists for the Regional Conference on Social Hygiene, though they might be of service for some meetings. In order to avoid delay, all those who purchase tickets are immediately given a table number, as all the places are reserved. A floor plan is obtained from the hotel, the

tables are numbered and, as they are filled with the quota for each table, which is usually 10, they are blocked in. In order to make the necessary arrangements for late comers whom it is desirable to place up front near the speakers' table, three or four tables are reserved till the last. As number standards are placed on each table by the hotel, those attending the luncheon and dinner sessions can readily find their places.

*Registration:* It is desirable from year to year to obtain the names of all those who attend the Conference. In the past, a number of people have failed to register, due to the belief that registration implied a registration fee. It has therefore become necessary and desirable to indicate on the sign over the registration desk that there is no charge for registration. Cards are handed out to each person and registration requested. On the basis of the registration list it is possible to keep track of those who attend from year to year, and to utilize these lists for publicity during the year, membership campaigns, and as a master list on which to base the attendance for the following year.

Three by five-inch cards have been found the most convenient and flexible system of registration. These can be printed or not, as desired, with the name of the Conference and other details.

The cards may be filled in by the registrant, or by a registration clerk. In some communities the local Chamber of Commerce is glad to provide typists and typewriters without charge for the purpose of filling out the registration cards.

It is a good idea to repeat the request for registration at some general session, or ask the chairmen of the special sessions to mention it, as many persons will otherwise neglect to leave their names.

*Speakers' Table:* Placement of the proper persons at the speakers' table is always a matter of finely balancing the necessities of the situation. Quite naturally, the chairmen of the luncheon and dinner sessions and the speakers at those sessions are placed at the center of the table. In addition, other prominent persons including distinguished state, city and federal officials, officers of cooperating agencies and some executives of cooperating agencies are placed at the speakers' table to the limit of capacity. Those arranging such conferences will find that often a distinguished attendant of the luncheon or dinner session prefers to remain seated at a table. Of course, deference is always shown to personal wishes in such matters.

*Choosing a Menu:* One of the tasks that falls to the committee that arranges the program is the selection of a menu which will please the majority of those who are apt to attend the luncheon and dinner sessions. A conference with the hotel chef or his representative is of considerable assistance, and hotels usually are prepared to offer several combinations.

*Clerical and Other Staff:* It has been found desirable to call upon several of the cooperating agencies to have assistants available for the all-day period to take care of reservations, to distribute luncheon and

dinner tickets, to answer various queries, to act as guides, and to assist the press representatives by providing stenographic, typing, messenger and other services. Usually, some one person must be delegated to take care of the press representatives to see that they are properly provided with the necessary facilities, telephone service and other requirements.

*Hotel Personnel:* The larger hotels usually provide the services of a chief usher or similar functionary to deal with the executive of the Conference. Through him all arrangements are made for the placing of exhibits, chairs, signs, speakers' table, loud speakers, and other details. This person usually has under his control the head waiter, porters and other personnel.

*Loud Speakers:* As the attendance at the New York conferences has increased from year to year, and it has been found necessary to utilize larger meeting places, loud speakers have become desirable. When the attendance runs into several hundred at a given meeting and the meeting place is a fairly large hall, the hotel should be requested to provide loud speakers in order that all those attending the meeting might be in a position to hear well. In the past this has been done for the large luncheon session only, with the result that at some of the other meetings the auditors were at a disadvantage. Hereafter loud speakers will be installed in all of the large halls.

*Stereopticon:* As some speakers will desire to exhibit stereopticon slides as a part of their presentation—particularly if they are physicians and talk on technical subjects—it is desirable to find out the plans of the speakers in this respect prior to the date of the Conference. If slides are to be shown, one or more stereopticon machines should be available, with curtains, pointers and other paraphernalia, prior to the opening of the meeting. In addition, a competent operator of a stereopticon machine should be made available.

*Radio Broadcasting:* At the 1936 Conference it was found possible to arrange with one of the national broadcasting companies to broadcast the most important address at the luncheon session, even though this address brought in the word "syphilis." In various communities it may be possible to arrange with the local broadcasting companies to broadcast such subjects, particularly if such papers are available some time in advance for perusal by the editorial departments of the broadcasting companies. Undoubtedly, if prominent local or national speakers are on the program, it should be possible to arrange for such broadcasting.

*Publication of Papers:* The secretary of the Conference should take it upon himself to advise the speakers who prepare papers that, unless there are previous arrangements for publication, attempts will be made to have some of the papers published in such journals as may have a direct bearing on the topic discussed. The plan in New York has been to give the American Social Hygiene Association first call on any papers for use in the JOURNAL OF SOCIAL HYGIENE. If not used there-

they are made available for publication elsewhere. The files of all papers read at the Conference are kept by the secretary for future reference.

*Organization Work After the Conference:* A good deal of organization work is desirable after the Conference is over and the various details pertaining thereto have been cleared up. Subsequently, and through the aid of the Social Hygiene Council, one or more experience meetings should be held with representatives of the sponsoring agencies. At such meetings it is possible to discuss criticisms of the preceding Conference and suggestions for follow-up of recommendations made by various speakers. Likewise, these meetings present a fine opportunity for initiating plans for the forthcoming Conference a year later. In addition, various other types of meetings may be held, such as seminar discussions for a period of weeks for special groups on topics presented at the Regional Conference. In New York seminars have taken the form of eight sessions, a week apart, on technical subjects relating to the diagnosis and treatment of syphilis and gonorrhoea, as well as discussion of medical-social problems relating thereto.

### *Financing the Conference*

There are certain inescapable expenses involved in holding a Conference, such as printing of programs, tickets, making of signs, fees to porters and waiters, et cetera. Some agencies that find it desirable or necessary to hold luncheon and dinner meetings at conferences provide in their budget for the cost of carrying on such a conference; others may provide some of the budget and add a few cents to the cost of the luncheon and dinner tickets to meet the necessary overhead. Both of these methods are widely used and have certain things to commend them. In financing the Regional Conference on Social Hygiene in New York City, other means have been taken to meet the cost of the Conference. Year by year the net costs, omitting that of personnel supplied by the various agencies, and particularly by the Social Hygiene Committee of the New York Tuberculosis and Health Association, have been allocated on a pro rata basis among each of the sponsoring agencies. The exceptions were official agencies, such as the State Department of Health, City Department of Health and others which have no budgetary allowance for such expenses. The annual assessment per agency has not been over \$10.00 during the four years. Naturally, with more agencies joining the Social Hygiene Council from year to year, the tendency will be to decrease even this small sum.

There is a fundamental idea about financing the Conference through this method. It brings a greater sense of responsibility of the Conference directly to each agency, in the matter of participation in the preliminary work of the Social Hygiene Council, in the preparation of the program, in the selection of speakers, and in various other ways. At the close of each Conference the books are balanced and no deficit has to be met.

### Conclusion

In building up the Regional Conference on Social Hygiene in New York City, the major thought has been to arouse as wide-spread interest as possible among professional and lay groups in the community in the general problems with which social hygiene is concerned. The social hygiene movement in some respects may perhaps be said to have hidden its light under a bushel for a great many years. This is undoubtedly due to many factors, chiefly perhaps because the movement, as a whole, has mistakenly been taken to be concerned primarily with problems of syphilis and gonorrhoea. Regional conferences, such as the ones held in New York, have come to be the agency, in part at least, for providing a broader understanding of the educational, legal-protective and other phases of social hygiene activity and for stimulating social hygiene interest among a considerable number of important public health and social agencies not already cooperating. By reaching their professional staffs, and by reaching the general public in the community through the press and the radio, interest and impetus have grown by leaps and bounds. If such a plan could be developed on a fairly large scale throughout the country, it is believed that the social hygiene movement itself will receive such marked impetus that many of its objectives will be more readily attained and financially supported.

The details given here are intended primarily as a word picture of the methods, and procedures used and difficulties met in Conference organization in New York City. Other communities will have other problems to meet, but it is hoped that in general these data may serve as an outline of what has been done and that they may indicate what paths of similar development plans may need to follow.

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"Our social concepts are changing, and among them the concept of public health. I believe that among the changes of most significance are first, that citizens are beginning to realize that an effective nation-wide program of public health with federal support is a major factor in any national effort toward economic and social security, toward individual personal security, and toward the security of our major political and social institutions; for it prevents rather than alleviates much disability, dependency, and insecurity.

Second, and closely related, is the dawning of the idea among the public at large that it is financially important to prevent disease.

And finally, there is that great change in our own concept of our profession: Bankers may be at odds about how or when to stabilize our currency. Our greatest lawyers may disagree in fives and fours about the interpretation of the Constitution. Economists and industrialists may wrangle about the balancing of demand and production and the methods of preventing periodic unemployment. We have no part in their quarrels. *This one thing we do!* We are united in the objectives of our campaign against death and disease."

THOMAS PARRAN—  
Surgeon General, United States Public Health Service.

## WHAT ARE THE THINGS A NURSE SHOULD KNOW ABOUT SOCIAL HYGIENE?\*

EVANGELINE H. MORRIS, R.N.

*Social Hygiene Supervisor, Community Health Association, Boston, Mass.*

There is a tendency in any field of human endeavor for the individual who has specialized to urge upon others the importance of a vast amount of knowledge concerning that specialty. It was presumably upon this reasoning that the old system of apprenticeship learning was based. Unfortunately, our busy crowded lives today provide little opportunity for any slow process of acquiring knowledge, and at the same time the demand for specialization has not diminished. It is to meet this need that one is asked to explain in thirty minutes the things a nurse should know about social hygiene. We may well begin by agreeing with the experts who demand something more than a cursory understanding of the problem. For here is a problem woven of the very fabric of life itself and frequently fraught with human despair.

Obviously, the first and most important qualification for all who would help in this work is perspective. There is one effective way of gaining a perspective whether it be in the field of social hygiene or in international relations, and that is from the pages of History. Trace the developments of the marriage institution and watch the emergence of the modern family from its primitive beginnings. Some of the problems which we label Twentieth Century were familiar to our patriarchal ancestors and even the Puritans were not wholly free from the demands of sex. In all History there is nothing of greater interest than the story of the developments of these institutions. And when you turn to the chapters which deal with the origin of syphilis and gonorrhea, you will find drama and heroic action. The biographies of the men who spent years in ceaseless effort, without modern equipment, and often without encouragement, in order that the organisms might be isolated, diagnostic measures perfected, and therapies formulated are worthy of consideration. The names of John Hunter, Paul Ehrlich, Neisser and Hoffman should mean something very definite to those of us whose work has been simplified by their accomplishment. History also reveals the fact that from the time the Midianites struggled to exterminate gonorrhea, to the control measures used in the last World War, these diseases have represented the greatest need of epidemiology. If Hans Zinsser is right in his statement that "Wars are made by generals but won by disease" we know that syphilis has been in the front ranks of the conquerors in all the wars of the last.

\* A paper presented at New York State Nurses Convention, October, 1936.

four centuries. And if we stop to think of the lost leadership in every field due to the ravages of late syphilis, we realize that civilizations may indeed have been influenced by its effect.

Having gained from history perspective to visualize the problem—let us turn to statistical evidence in order that the program of work may be balanced. Are syphilis and gonorrhea and the maladjustments which they represent rare or are they sufficiently common to warrant the concern of persons who are interested in the promotion of physical and mental health? According to recent studies made by the U. S. P. H. Service these diseases are extremely prevalent. While one million persons seek medical care for syphilis each year, another million and a half need the same service for gonorrhea. And to this appalling total must be added many obscure cases of cardiac disease, of pelvic disorder, of sterility, and of intra-uterine death. In the light of these totals it is well to study the figures available for your community, and also to be aware of the progress made in control. It is interesting to consider, without advocating any measures of coercion, how far we might succeed in decreasing the incidence of disease, if we were prepared to adopt the measures used on the continent, especially those that have worked out so satisfactorily in the Scandinavian countries.

To avoid the criticism that we are dwelling on the Utopian, let us consider a third requirement, which is both practical and indispensable, the need for a scientific background of knowledge. There is a certain amount of information which may be regarded as an irreducible minimum. This includes some understanding of normal and abnormal sex practices, the symptoms and pathology of both syphilis and gonorrhea, modern diagnostic and therapeutic measures, and the prognosis in the treated and the untreated case. This information is now attainable in hospitals and clinics, through conferences and lectures, from literature and the radio. On every hand it is made available for those who are interested. This essential information should be supplemented by a complete understanding and workable relationship with your own community resources, including the agencies and workers who are concerned with character building, the forces directing parental education and child guidance work, the clinics and physicians who are treating syphilis and gonorrhea. And this information must be classified and defined if you hope to use it successfully. The patients who have been misdirected or inadequately advised form a large percentage of that group who receive very inadequate treatment and who continually swell the ranks of the so-called uncooperatives. The man with a history suggestive of early syphilis who was instructed to report to a certain clinic and was also told that he would immediately be seen by a specialist, but whose actual experience in clinic was a wait of three hours, an endless amount of history taking and a final word to return the following day for diagnostic work, represents this group advised by persons who do not know their local resources. In pleasing contrast is the experience of the girl with a Neisserian infection referred to a clinic, properly instructed as to the procedures of that clinic, knowing that she might spend the entire morning there, realizing that she would be asked many questions,

understanding the type of examination necessary and perhaps most important of all preceded by a letter of referral to the medical social worker. The fact that this patient who was regarded as difficult and promiscuous remained under treatment herself and brought in her contact for examination is a tribute not only to a well organized clinic but also to the nurse who intelligently made the most of that clinic service.

The work with this patient brings us logically to our next consideration, that understanding of human motives which makes possible a permanent accomplishment. Members of our profession occupy an enviable position in relationships. Ours is the privilege of knowing intimate, personal experiences, we have an excellent opportunity to evaluate the factors that have shaped the individual. In making this evaluation it is well to realize that sex cannot be isolated from life and that a failure to conform to accepted social standards is often the result of undesirable and unfortunate past experiences. These experiences may so condition the individual that abnormal responses become inevitable. While there is much in the field of personal, social and marital maladjustment which we are not equipped to handle, we can be alert to the symptoms and utilize other workers for their solution. It seems reasonable to believe that a more thoughtful handling of the individual, a better understanding of his personal problems and his feelings might substantially reduce the number of failures. That these failures need to be reduced is borne out by those experts, who estimate that less than one-third of the patients who are treated for early syphilis remain under treatment until the disease is rendered non-infectious. One of these failures may have been a woman in our community whose face and manner and dress all suggested the hardened sex offender, yet her real reason for not returning to clinic was the fact that she could not bear the lack of privacy and the utter disregard of personal self-respect in the treatment room.

These patients who receive inadequate treatment, the contacts and sources of infection who are never diagnosed, and the individuals who are found too late to be benefited by therapy represent our distance from an attainable goal. There is no easy short cut to that goal, but there is definite evidence that progress is being made in its direction. There is a common denominator in the human race of decent desires and a general tendency towards optimum behavior. People for the most part wish to avoid syphilitic and gonorrhreal infections and they have no desire to transmit these diseases to others. Medical research has made tremendous progress both in diagnostic and therapeutic work. Clinical facilities for treatment are being rapidly developed. The attention of the public is being definitely directed to this problem. There is every reason to believe that we shall in the near future have a comprehensive Social Hygiene Program and you who are privileged to help may find that vision and perspective, scientific knowledge and psychological principles are all insufficient, may find yourselves saying with Ulysses—

“Yet all experience is an arch where through  
gleams that untravelled world—  
Whose margin fades forever and forever when I move.”

## THE HEALTH PROGRAM OF THE GENERAL FEDERATION OF WOMEN'S CLUBS

MARJORIE B. ILLIG

*Chairman, Division of Public Health*

Throughout the history of the General Federation of Women's Clubs,—an organization of approximately two million women—the promotion of sound health education has been one of its leading activities. Appreciating the significance of building such a program on a firm and dependable foundation the Federation early recognized the importance and necessity of seeking the advice and direction of trained and experienced authorities. It therefore invited the leaders of the outstanding national medical and health organizations of the United States to serve as an Advisory Board on Public Health and Child Welfare. The Chairman of this important group is the Surgeon General of the United States Public Health Service. Thus is the program which the Division of Health projects to the clubs throughout the country—supervised, safeguarded and guided.

It has consistently been the policy to construct the program so that it will tie in with existing program activities of national, state and municipal medical and health agencies. Of necessity the program construction has been of a general type so that it might lend and adapt itself to the conditions and problems peculiar to different sections of the United States. Very naturally, therefore, the first important step has been to urge clubwomen to acquaint themselves with their state and community health personnel, services, problems and needs so that cooperation may be given health officials in improving conditions and promoting efficient service for the protection of the health of our citizens. Following such a study it is then urged that the findings and recommendations for improvement be used as a basis for a practical health program.

Among the phases of health activities which the clubs have sponsored are *Social Hygiene, Cancer Education, Public Health Nursing, Communicable Disease Control, Control of Tuberculosis, Maternal and Infant Hygiene, Pre-school and School Hygiene, Dental Hygiene, Mental Hygiene, Adult Hygiene, General Sanitation, Home Hygiene and First Aid, Medical Care and Its Cost, Records of Births and Deaths, Laboratory Service, Rural and County Health Service, Recreation*, and many other special projects as demanded by local conditions. At the Seattle Convention in 1932, the Federation passed this general resolution on social hygiene:

"WHEREAS, The General Federation of Women's Clubs recognizes the steadily increasing interest in Social Hygiene, particularly as it concerns family life and the protection and welfare of women and minors, and

"WHEREAS, We appreciate the importance of a more widespread knowledge of the principles of Social Hygiene in the development of a well-rounded program of Public Health,

"THEREFORE BE IT RESOLVED, That the General Federation of Women's Clubs urge the State federations and local clubs to study the problems of Social Hygiene and, by giving it a definite place on their annual programs, aid in arousing public interest and local responsibility for the bettering of conditions relating to these aspects of the social welfare of the community."

At the present time two health problems are being particularly emphasized. They are (1) *Cancer Control* and (2) *Syphilis Control*.

Using as a slogan *Cancer Thrives on Ignorance. Fight It With Knowledge* the clubwomen are being informed concerning the prevention and control of this outstanding menace to the human race—and in particular to women in the prime of life. They are cooperating with the Women's Field Army of the American Society for the Control of Cancer in a national cancer education program which aims to carry a message of hope to men and women in every section of this country.

Likewise realizing the great contribution which it is possible for Clubwomen to make in an education program to combat syphilis, they are urged to acquire knowledge concerning the nature, prevalence and dangers of this disease and to spread proper education to the general public. An outline is being prepared showing specifically how Clubs can participate in the campaign to reduce the ravages of syphilis. A preliminary announcement states:

With the approval of the Advisory Board on Public Health and Child Welfare, the Federation's Department of Public Welfare will make the conquest of syphilis its next great objective and activity in cooperation with the medical profession and health authorities.

Surgeon General Parran has said, "Our children will hold us criminally careless and incompetent if, with the means at hand, we fail to end this scourge within our generation." A sub-committee of the Advisory Board is working with the Federation's Department officers and staff in preparing a plan of campaign, and the American Social Hygiene Association will continue its active cooperation as the special voluntary national agency in this field.

It is hoped that every club will immediately begin a study of this new and vitally important part of the Federation's program. Confer with your local health and medical authorities about it. Write to the American Social Hygiene Association for pamphlets and information pending completion of the Federation's plans. Impress your club members with the fact that this must be a long-range, country-wide campaign to control and ultimately eradicate a disease against which science has now provided effective weapons.

In this particular program the Federation is working with the American Social Hygiene Association. Already a number of local groups of women have held conferences on ways and means in dealing with this health problem.\*

*Education for Healthy Living* therefore is very properly the slogan of the Division of Health of the General Federation of Women's Clubs and the worthwhile goal *A Healthy Nation*.

\* The New York State Federation's recently published handbook *Healthful Living*, prepared by Mrs. Marie F. Kirwan, chairman of the Federation's Department of Health and Welfare, contains suggestions as to what clubwomen can do to help in the campaign against syphilis.

## A PROGRAM ON PUBLIC HEALTH FOR THE NATIONAL COUNCIL OF WOMEN

MARY R. LAKEMAN, M.D.

*Chairman, Public Health Committee, National Council of Women.*

We Americans who have lived to adulthood have noted with gratification the disappearance of certain diseases during our lifetime—diseases long known to history as plagues or scourges—diseases which raged from time to time in the past, decimating whole populations and leaving death and destruction in their wake.

We have become aware also of the great saving in child life which has taken place since the beginning of this century. The infant mortality rate, that most sensitive index of the health conditions of the community, has been reduced by one half during the past fifteen years and at last we are rejoiced to say maternal deaths have begun to decline in certain enlightened communities.

Smallpox and yellow fever are no more. Typhoid fever has become so rare that medical schools have difficulty in finding cases for the instruction of their students. Deaths from tuberculosis have dropped more than seventy per cent in this century.

Today, two other great disease problems confront us, awaiting solution. In both much knowledge of preventive measures and of means for early discovery is already available. In both a start has been made but progress is slow. These two diseases are cancer and syphilis. Progress in mastering these two great disease problems *will* be slow until there is general understanding on the part of the public of the principles involved. Control measures are known and have been put to test in scientific circles which when applied in society at large will lead to very great advance toward the final elimination of these destroyers of human life and happiness.

### *Cancer*

The inroads of Cancer can be checked when people:

- (1) recognize the curability of many early cases and the preventability of many more;
- (2) learn the implications of certain signs of the disease; and
- (3) act promptly and intelligently upon that knowledge.

The American Society for the Control of Cancer is organizing the women of the country in a group to be known as the Women's Field Army. Its objective is to enlist every woman in America in a determined fight against cancer. The activities of this Army will be mainly educational and will be under the direction and supervision of medical and public health groups. Each state will be organized as follows:

I. *State Advisory and Executive Committee* to be composed of representatives of the State Medical Society, State Department of Health and representative lay citizens. In states where the American Society for the Control of Cancer has a State Chairman he will act as chairman of this group.

II. *State Commander*. A key woman in each state will be appointed by the American Society for the Control of Cancer to direct the activities of the women of the State.

III. *State Division of Women* to be composed of representatives of all state-wide women's organizations.

IV. *Local Advisory and Executive Committees* to be composed of representatives of the local Medical Society, local Board of Health and representative lay citizens. (The local Chairman of the American Society for the Control of Cancer will act as chairman of this group.)

V. *Captain*. A woman will be appointed by the State Commander to direct the activities of the local groups.

VI. *Local Units* to be composed of representatives of local women's organizations.

VII. *Activities*. Campaigns, distribution of literature, exhibits and lectures will be the main educational activities of the Women's Field Army and will be directed to both men and women.

### *Syphilis*

Syphilis can be controlled in America, as it is being controlled in Scandinavia, if:

- (1) The public can be persuaded that it is one of the most common communicable diseases and that nearly half the million or more new infections each year in this country are acquired innocently by babies before birth and by women through marriage.\*

\* This estimate is furnished by Dr. Nels Nelson, Massachusetts Department of Public Health, based on the 518,000 cases of early syphilis reported by the United States Public Health Service as coming to medical attention for the first time each year, plus a very conservative estimate of the early cases not under treatment at all.

- (2) Full use is made of existing knowledge, therapy and resources for case-finding, treatment and prevention. This is especially true of congenital syphilis which could be controlled in a single generation if every pregnant woman had a blood test at least once, early in pregnancy, thereby making prompt discovery and adequate treatment of the infection possible.
- (3) Suitable action is taken toward the solution of the practical problem of how to build respect for sex into character.

### *Childhood Defects*

Another present-day condition which demands the attention of all who want to see every child have a fair chance in life is the correction of physical defects as they are discovered in preschool and school children. The correction of these defects has not kept pace with their discovery and this disparity has been increased during the years of the depression.

### *Public Health Personnel*

Public health is today a composite profession—a composite, as it were, of a number of other professions. The trained health officer, the public health nurse, the statistician, the laboratory technician, the nutritionist, the sanitary inspector—all are essential to the successful carrying out of a modern public health program and each one must have as a background a thorough training in his own professional field.

Probably no one factor is more essential to success in the control of any preventable disease or in the promotion of human well-being than is the presence in a community of an adequate staff of well-trained professional men and women giving their full time and attention to the health needs of that community. Yet a recent survey has shown that only 21 per cent of our cities or counties have acquired even the minimum set-up considered to be adequate for a given community.

Definite organized national and state programs are slowly making their way toward the ultimate solution of each one of these challenging problems. The great need in all is for popular understanding and support. Information and suggestions regarding these programs will be given by any members of this Committee. The Committee urgently recommends, therefore, that the constituent member organizations of the National Council of Women give serious consideration to these opportunities to serve the public health and that each member organization lend all possible support to the movements already under way in the effort to prolong the span of health and to create a healthier human race.

## EDITORIALS

### HEALTH, HAPPINESS AND THE AMERICAN FAMILY

Civilization constantly changes. If it fails to grow, it stagnates. There must always be more of the vigor of youth and growth than of maturity and senility, if progress is to be made. Life itself is the key to human welfare. Life means health. It must have the plus sign in order to be effective enough to provide the great driving forces needed to push the human race onward and upward.

There has been much discussion as to just what constitutes human welfare and goes to make up human progress. Where is the human race going? What are we seeking so busily? There is a general opinion that we are moving in a desirable direction and that the outcome will be a favorable one for us. And though our destinations are as varied as are the ideals and aims of man, one thing we have in common—the greatest human happiness for the greatest number of men and women is a universal standard of welfare. The individual and his life and happiness are basic in any scheme of successful civilization, and the happiness of the individual depends in a large measure on the condition of the body and brain constituting the mechanism through which the individual contacts and judges the world and expresses his personality. Without health no lasting progress can be made, either for the individual or for the nation, since the health and happiness of a nation are merely the sum total of the health and happiness of the men, women and children who compose it. There is no such thing as the interest or welfare of society as something distinct from the interest or welfare of the members of society, present and future.

But how can health be secured? Comparatively few persons possess it in abundance, and those few are apt to be spendthrifts of their health-wealth until they suddenly find themselves bankrupt. Even those whose health assets are limited are apt to live beyond their means in this respect.

Young people, usually more blessed with good health than their elders, are notoriously careless about it. Add to these the thousands who are born into every generation with health handicaps, who never know good health, and look at this picture against the background of changing conditions and uncertainties and hardships with which the American family has struggled. The wonder is that any ground has been gained, that any progress has been made in national health.

For progress has surely occurred. Many of the dangerous diseases which once threatened health and life itself have been stamped out. Long ago we conquered small-pox. Yellow fever, typhoid fever, diphtheria, and other health enemies have yielded to the determination of medical science to preserve man's health heritage. Better housing conditions, pure water and milk, better care of babies and their mothers, more attention to health in childhood and in fact all through life, have all had their part in the progress of the American family toward health and happiness. And without doubt this steady forward march will continue, as science discovers better means of disease prevention and the public learns better how to guard its health and apply the preventive means provided.

We should not be too optimistic about this encouraging outlook, however. No one needs to be told that there is still great room for improvement in the health of the American family. Certain deadly diseases still resist stubbornly the efforts made to subdue them, and continue to menace our national health. Tuberculosis, for example, though the number of deaths caused by it steadily grows smaller, still takes many lives each year. No certain way of halting infantile paralysis has been found. Cancer continues to be a dreaded killer. It is estimated that at least six and one-half million men, women and children—nearly as many as the entire population of New York City—are infected with syphilis at any given time, and two or three times as many persons are believed to be suffering from gonorrhea or some type of gonococcal infection.

These two diseases, syphilis and gonorrhea, are really among the most dangerous health enemies which the American family has to fear today. Syphilis is known as a King of Killers, a major cause of fatal heart disease, of infant

deaths, of insanity, blindness, and many other serious conditions. Gonorrhea maims and cripples, blinds newborn babies, makes men and women sterile. Both diseases are infectious, yet it has been found that not more than 1 in 10 cases of syphilis are under treatment by licensed physicians, and even a smaller proportion of gonorrhea patients seek treatment. This means that many untreated diseased persons are at large in an infectious state, a danger to their associates, and storing up trouble for themselves, since the longer they put off treatment the less their chances of recovery. Almost one-half of syphilis patients do not go to doctors until their infections are more than a year old. Both diseases attack young people, by far the largest number of infections occurring between the ages of 16 and 30, when life and health should be swinging into their best years. Aside from the ill-health and deaths caused, the American tax-payer bears a heavy added burden for the care of advanced cases in hospitals, insane asylums and other public institutions.

The tragedy and the hope in this problem is that much of all this trouble and suffering can be prevented, if mothers and fathers and their boys and girls realize the danger and take advantage of the safeguards existing for their protection against these health hazards. The germ of syphilis is known. The means of destroying it are known. It has been said that if the medical profession were given the opportunity to apply the knowledge at its command this King of Killers could be wiped out in one generation. This opportunity will surely eventually come. When every American family sees that the children coming forward in each generation are taught the truth about these diseases,—how to avoid them and what to do if infected—we shall no longer see our young manhood and womanhood their chief victims. When every expectant mother asks her doctor to make sure that no syphilis infection lurking in her blood threatens her baby, we shall not count each year such a tragic toll of prenatal and infant deaths. When every community realizes its obligation to give its young people wholesome surroundings, free from degrading amusement-places and disease-breeding red light

districts, we shall be well on the way toward a further increase in health and happiness for the American people.

This, I believe, is the task to which our social hygiene societies should constantly re-dedicate their efforts, and in these efforts seek the cooperation of all who have the welfare of the American family at heart.

RAY LYMAN WILBUR, M.D.,

*President, American Social Hygiene Association.*

#### A DAY FOR SOCIAL HYGIENE

One day a year! If every community gave that much time to united consideration of its social hygiene problems, what would happen? A good deal, we believe. Better understanding, quickened interest, fresh efforts and successful results all along the line. Acting in this belief, the American Social Hygiene Association is urging communities everywhere to observe Wednesday, February 3, 1937, as the first National Social Hygiene Day, and on that day, or a date as near it as possible, to join in a nation-wide program to promote more and better social hygiene activities and information.

Page 319 outlines the plan. Other articles and items in this number of the JOURNAL provide suggestions for programs, and discuss other practical details. Your community, your special group, you yourself are invited to help in making this event an outstanding occasion. It is an opportunity not to be missed. The splendid publicity which has been given to social hygiene projects during 1936 has created new and continuing interest everywhere. It rests now with community leaders to capitalize this interest by joining in a whole-hearted national campaign which will make 1937 the banner year for progress in social hygiene. You have three months in which to make your plans and carry them forward to success on Wednesday, February 3rd, the first NATIONAL SOCIAL HYGIENE DAY!

Your cooperation will be another step towards meeting Surgeon General Parran's challenge "stamp out syphilis"—and towards the solution of other social hygiene problems which may exist in your locality.

## NEWS AND ABSTRACTS

**National Social Hygiene Day—A Coming Event of Importance.**—Wednesday, February 3, 1937, has been selected as the date for the first annual National Social Hygiene Day, when all agencies desirous of promoting social hygiene in their own localities are invited to join with the American Social Hygiene Association and other national agencies in focussing interest on the possibilities for human health and welfare which lie in this field of work.

It is planned to hold the Association's Annual Meeting on this date, and state and local social hygiene societies and other interested groups are urged to hold meetings or other programs on the same day, or as near that date as can be arranged not to conflict with other local events. Several communities are already making plans for the occasion, among them the Social Hygiene Council of Greater New York, which intends to hold its Annual Regional Conference at this time.

The Association is pleased to announce that the services of Dr. Jacob A. Goldberg, Secretary of the above Council and of the Social Hygiene Committee of the New York City Tuberculosis and Health Association, have been secured for the purpose of consulting with and assisting state and local groups in this nation-wide project. As the worker largely responsible for the efficient organization and notable success of the New York Regional Conferences, Dr. Goldberg's help should be most valuable to other agencies planning to observe National Social Hygiene Day, and all who are interested are invited to address him in care of the Association, Room 922, 50 West 50 Street. The leading article by him as author in this number of the JOURNAL discusses some of the practical aspects of organizing a social hygiene meeting, and Dr. Goldberg and other staff members will be glad to furnish additional suggestions, publicity helps and other assistance.

In addition to assisting local groups to plan events in observance of National Social Hygiene Day, the American Social Hygiene Association will conduct a nation-wide program of public information in connection with this event. In line with Surgeon General Parran's campaign to "stamp out syphilis—the next great plague to go," emphasis will be laid on medical aspects of social hygiene, and plans include newspaper releases, magazine articles, special posters and other attention-attracting devices in advance of the Day, and if possible a national radio hook-up with prominent speakers on the Day itself, as a feature of the many simultaneous meetings which it is hoped will be held in various communities. Details of the plan as it develops will be sent our members and friends, both by mail and through the JOURNAL and the SOCIAL HYGIENE NEWS. Also please watch your local papers for announcements.

**This Year's National Mobilization for Human Needs.**—Before this issue of the JOURNAL reaches our readers the 1936 Mobilization will be well under way. For the fifth consecutive year health and welfare agencies in 330 cities and towns will be making joint annual appeals through their community chests for financial support of their charities, hospitals, child care, visiting nurse, character building and other local voluntary activities during the coming months, and doing their best to secure adequate funds for these always pressing needs.

Sounding the keynote as in previous years with an enthusiastic conference of community leaders in Washington, D. C., in September, the Mobilization was off to a good start. President Roosevelt personally welcomed the conferees; Gerard Swope, Mobilization chairman, Mrs. Harper Sibley, chairman, National Women's Committee, Stillman F. Westbrook, president Community Chests and Councils, Dr. Thomas Parran and Newton D. Baker spoke on various aspects of community welfare and chest responsibility. Youth was served by a dinner-meeting program dedicated to *Tomorrow's Citizens*, with Dorothy Thompson, journalist, talking on *Youth in Europe and the United States*, and Charles P. Taft of Cincinnati following her with an address on *Outlook for American Youth*. The conference closed with group discussions of the practical job of interpreting health and welfare work and raising money to support it.

As usual, national voluntary agencies will join this year with the local groups in carrying out the interpretation and fund-raising project. The national health agencies, working through the National Health Council as in previous years, and following up the 1935 *Town Health Meeting*, are cooperating by the preparation and nation-wide distribution of a series of popular newspaper articles on health subjects. It is planned to head the series with a contribution by Dr. Ray Lyman Wilbur, the Association's president, entitled *Health, Happiness and the American Family*. (See page 315.) Other articles will be by Dr. Thomas Parran, Dr. C. M. Hincks of the National Committee for Mental Hygiene, Lewis H. Carris of the National Society for Prevention of Blindness, and other authorities in the health field.

Watch for these, support your local campaign, and aid in the 1936 Mobilization in every way possible, to help make the health and welfare program in your community secure and effective in the coming year.

**Health at the World's Fair of 1939.**—Plans for a great health center and permanent public museum of health and hygiene for the New York World's Fair of 1939 have been announced, with the formation of an advisory group representing city and national health and medical organizations.

In making the announcement, Grover Whalen, President of the Fair Corporation, said that health and medical science will be ranked as one of the most important phases of the Fair. Plans for the necessary buildings and exhibits are yet to be worked out, but both the Oberländer Foundation and the Carnegie Corporation have already

pledged financial aid. Other grants are expected to provide a fund for retaining the exhibits as a nucleus for the permanent museum.

The committee, Dr. Louis I. Dublin, chairman, and Homer N. Calver, Secretary, will undertake a five-fold project involving the establishment of a permanent museum of hygiene like the famous German institution at Dresden.

The five major objectives as announced are:

1. A complete coordinated health and medical exhibit, illustrating for public education the results of medical research, which would furnish during the Fair a nucleus for a large group of commercial exhibits of products related to health and afterwards the nucleus of a permanent institution.
2. A model health village constantly demonstrating equipment and methods in daily use by individuals, families and communities.
3. Emphasis at every appropriate point throughout the fair of protective devices and services installed for the benefit of the visitors, which illustrate with commercial advantage the value of the device.
4. Provision for a permanent health center.
5. A strict censorship of medical products and other things sold or promoted on a health basis.

Social hygiene will of course be represented throughout this project.

**The American Public Health Association Meeting.**—A symposium on syphilis was featured at the 65th annual meeting of the American Public Health Association, held in New Orleans October 20-23. Administrative, epidemiological and laboratory aspects were presented respectively by Dr. J. N. Baker, State Health Commissioner of Alabama, Dr. George H. Ramsey, Director of the Division of Communicable Diseases, New York State Department of Health, and Dr. A. H. Sanford of the Mayo Clinic. Discussion was opened by Dr. Thomas Parran, Surgeon General of the U. S. Public Health Service and the newly elected president of the A.P.H.A.

In addition to this special session social hygiene was represented in the program by a booth in the Scientific Exhibit including charts showing *Administrative Measures for Control of Venereal Disease*, literature for distribution, and the showing of the new talking slide film on syphilis entitled—"For All Our Sakes". Selections of the Association's literature and exhibits were also included in the collection of educational materials arranged by the Health Education Section of the meeting. The National Society for Prevention of Blindness added an exhibit dealing with syphilis as a cause of blindness, and with glaucoma as another great cause of eye defects and blindness.

Dr. Parran, Dr. John H. Musser and Mr. Thomas C. Edwards were among the Officers, Directors and other representatives of the Association attending for the purpose of conferring with State and City Health Officers, who with other health workers usually make up a combined attendance of from three to five thousand. The New Orleans Social Hygiene Association cooperated in manning the exhibit booth and other details.

**St. Louis Holds a Social Hygiene Week.**—Going the plans for a National Social Hygiene Day one better, the Missouri Social Hygiene Association recently devoted an entire week to consideration of social hygiene problems. November 1 to 7 were the inclusive dates, and forty-three local organizations, ranging alphabetically all the way from the American Red Cross, St. Louis Chapter, to the Young Women's Hebrew Association, joined with the Social Hygiene Association in sponsoring the occasion. A special committee, of which John C. Talbot served as chairman, worked with Executive Secretary Dr. Harriet S. Cory in planning the occasion, with sub-committees on program arrangement and other details of the meetings. *Changing Social Hygiene Concepts* was the general theme of the Week, and features of the program were a session taking a "backward look" on social hygiene history, a session discussing "a new outlook on age-old problems," a mass meeting on youth, and a "professional conference" on sex education. Dr. Ira S. Wile of New York brought the theme down to hard-pan with an address before a general meeting on the question *Are We Facing the Realities in Social Hygiene?*

Details of the program for this unique Week may be interesting to our readers:

**SOCIAL HYGIENE WEEK OF THE  
MISSOURI SOCIAL HYGIENE ASSOCIATION**

November 1-7, 1936

*Theme—CHANGING SOCIAL HYGIENE CONCEPTS*

**PROGRAM**

**Sunday, November 1**

Morning Session—11:00 o'clock—Church of the Unity

Subject: **A Tribute to the Pioneers of Social Hygiene**

Speakers: DR. RALPH F. FUCHS, Assistant Professor of Law, Washington University

DR. GEORGE ROWLAND DODSON, Honorary President, Missouri Social Hygiene Association

**Wednesday, November 4**

Afternoon Session—3:00 o'clock—The Wednesday Club Auditorium

Subject: **A New Outlook on Age-Old Problems**

Presiding: MRS. GEORGE A. HOPE, Vice-Chairman, Social Hygiene Week

Speakers: **What Does Youth Need in Sex Education?**—DR. PARK J. WHITE, Instructor in Clinical Pediatrics, Washington University School of Medicine.

**What Does the "Survey of Delinquency Prevention" Reveal?**—MRS. PEARL CASE BLOUGH, Executive Secretary, Community Council of St. Louis

**What Does Youth Seek in Marriage Consultation?**—REV. TRUMAN B. DOUGLASS, Minister, Pilgrim Congregational Church

**Why Does 1936 Tolerate Congenital Syphilis?**—DR. JEAN V. COOKE, Associate Professor of Pediatrics, Washington University School of Medicine

**What Is an Adequate Plan for Handling Venereal Disease in St. Louis?**—DR. JOHN V. LAWRENCE, Assistant Professor of Medicine and Medical Director of Clinics, Washington University School of Medicine

## Thursday, November 5

Evening Session—Mass Meeting—8:00 o'clock—Soldan High School Auditorium

Subject: Youth Asks Questions

Presiding: MR. JOHN C. TALBOT, Chairman, Social Hygiene Week

Panel Discussion

Leader: DR. LLEWELLYN SALE, President, Community Council of St. Louis

## Friday, November 6

Evening Session—8:00 o'clock—Soldan High School Auditorium

Presiding: DR. PAUL J. ZENTAY, President, Missouri Social Hygiene Association

Subject: Are We Facing the Realities in Social Hygiene?

Speaker: DR. IRA S. WILE, New York City

## Saturday, November 7

Morning Session—10:00 o'clock—Washington University Medical School Auditorium

Subject: Professional Conference on Sex Education

Presiding: MR. PETER KASIUS, Director, Community Council and United Charities

Conference

Leader: DR. WILE

Participation in this discussion will be by representatives from groups interested in youth leadership, social service and education. These representatives will present the results of the deliberations of their various groups in regard to the needs of the community in sex education.

Discussants:

DR. LEO B. FAGAN, Assistant Professor, Educational Psychology, St. Louis University

MISS GERTRUDE E. MAULL, Director, Webster Groves Pre-Kindergarten

THE VERY REVEREND SIDNEY E. SWEET, Dean, Christ Church Cathedral

MR. W. E. GOSLIN, Superintendent, Webster Groves Public Schools

MR. GEORGE E. JOHNSON, Director, Division of Tests and Measurements, Board of Education, City of St. Louis

MR. GILBERT HARRIS, Executive Director, Young Men's Hebrew Association

DR. A. W. MAIER, Professor, Old Testament Interpretation, Concordia Seminary

MISS RUTH GEORGE, Case Supervisor, St. Louis Provident Association

A fee of 50 cents per person admitted to all sessions of the Conference. Tickets were sold in advance, and the event was advertised by posters, newspaper publicity, special announcements in churches, clubs, and by other usual means. The attendance totalled 2,700.

Another project of interest and value now being carried on by the Missouri Association is the preparation of a series of articles on medical aspects of social hygiene for the Weekly Bulletin of the St. Louis Medical Society.

For further information on either of these enterprises or other

details of work address Dr. Harriet S. Cory, Executive Secretary, Missouri Social Hygiene Association, 3858 Westminster Place, St. Louis.

**Buffalo Social Hygiene Committee Crusades for Community Action.** —*The Time Has Come for Community Action Against Syphilis.* With this challenge the Social Hygiene Committee of the Buffalo Council of Social Agencies launched last May one of the most effective community conferences yet held, and set in motion increasing local activity and an enormous amount of public interest. A two-day program was arranged, and announcements sent out in mimeographed form, with the first page bearing the statement quoted above in capital letters, and the added information that "this conference is being held to inform the citizens of Buffalo and vicinity of the grave problem of the disease of syphilis and what can be done about it. The sessions, non-technical in character, are open to the general public." The latter fact was repeated frequently throughout the program, and the public was quick to take advantage of the invitation. Paul Benjamin, Executive Secretary of the Council, wrote us following the meetings: "Our syphilis institute was a tremendous success. Over five hundred different persons attended it. We had approximately 150 inches of space in the three daily papers. As a follow-up both the *Buffalo Times* and the *Buffalo Evening News* have published a special series of popular articles."

Program makers may like to see the list of topics, speakers and sponsors. An interesting item of program-building and a clever piece of publicity was the featuring in the program and the press notices of the agencies sponsoring each session.

**Opening Session—Thursday, May 7**

9:30 A.M.—Georgian Room, Hotel Statler

*(This session open to the public)*

**Sponsored**

by: Medical Profession

**Presiding:** RT. REV. MONSIGNOR JOHN C. CARR, President, Buffalo Council of Social Agencies.

Greetings from Medical Society of Erie County—MILTON G. POTTER, M.D., President.

**Subject:** **Magnitude of the Problem**

**Speakers:** *Estimate of Prevalence of Syphilis.* SARA KERR, Executive Secretary, Buffalo Foundation

*Who Fooths the Bill for Syphilis?* WALTER S. GOODALE, M.D., Superintendent, Buffalo City Hospital

*What Can We Do About It?* WILLIAM F. SNOW, M.D., Director, American Social Hygiene Association

**Discussion:** HYMAN L. LEVIN, M.D., Clinical Director of Psychiatry, Buffalo State Hospital.

F. PARK LEWIS, M.D., Chairman, Buffalo Sight Conservation Society

## Luncheon Session

12:15 Noon—Terrace Room, Hotel Statler

(This session open to the public)

**Sponsoring Groups:** Buffalo City Federation of Women's Clubs, Erie County League of Women Voters, Buffalo Council of Parents and Teachers, American Association of University Women, Parent Education Council of Buffalo Area and other women's organizations

**Presiding:** MARVIN ISRAEL, M.D., Chairman, Social Hygiene Committee, Buffalo Council of Social Agencies

**Subject:** Prevention of Syphilis in the Unborn

**Speakers:** HERBERT H. BAUCKUS, M.D., Chairman, Health Division, Buffalo Council of Social Agencies and Past President, Medical Society of Erie County  
 LOUIS A. SIEGEL, M.D., Associate Professor of Gynecology and Obstetrics, University of Buffalo, Medical School  
 MRS. BRYANT GLENNY, JR., Chairman, Buffalo Child Health Week Committee and Erie County League of Women Voters

## Afternoon Session

2 to 4:20 P.M.—Georgian Room, Hotel Statler

(This session open to the public)

**Sponsoring Groups:** Buffalo City Federation of Women's Clubs, Erie County League of Women Voters, Buffalo Council of Parents and Teachers, American Association of University Women, Parent Education Council of Buffalo Area and other women's organizations

**Presiding:** MRS. NORMAN P. CLEMENT, Chairman, Interpretive Division, Buffalo Council of Social Agencies

**Subject:** Non-medical Forces to Fight Syphilis

**Speakers:** *The Home:* MRS. AVERY J. PRATT, President, Parent Education Council of Buffalo Area  
*The School:* LILLIAS M. MACDONALD, Dean of Women, University of Buffalo  
*The Church:* JOSEPH L. FINK, PH.D., Rabbi, Temple Beth Zion  
*The Courts:* MARJORIE WALLACE, Supervisor of Detention, Children's Court of Erie County  
*The Community:* PAUL L. BENJAMIN, Executive Secretary, Buffalo Council of Social Agencies

## Afternoon Session

3:30 P.M.—Georgian Room, Hotel Statler

**Sponsoring Group:** Child Health Week Committee

**Presiding:** MILTON G. POTTER, M.D.

**Subject:** Education Points the Way

**Speakers:** *Informing the Public*—ROBERT W. OSBORN, Executive Secretary, Buffalo Tuberculosis Association  
*The Oppression of Tradition*—JAMES H. BORRELL, M.D., Past President, Medical Society of Erie County  
*The News That's Fit to Print!*—FREDERICK CHARLES, Chief Editorial Writer, Buffalo Evening Times

Friday, May 8

## Morning Session

9:30 A.M.—Iroquois Room, Hotel Statler  
(*This session open to the public*)

**Sponsoring Groups:** New York State Department of Health, Erie County Health Officers' Association, Buffalo City Hospital, Visiting Nursing Association, Erie County Nursing Association

**Presiding:** FRANCIS E. FRONCZAK, M.D., Health Commissioner, Buffalo Board of Health

**Subject:** Medical Forces for Syphilis Control

*The Buffalo Program:*

**Speakers:** EARL D. OSBORNE, M.D., Consultant, Buffalo Syphilis Service  
CLEALAND A. SARGENT, M.D., Director, Buffalo Syphilis Service  
GRACE C. BRIGGS, Supervising Nurse, Division of Social Hygiene, New York State Department of Health

*The State Program:*

EDWARD S. GODFREY, JR., M.D., Health Commissioner, New York State Department of Health

## Luncheon Session

12:15 Noon—Fillmore Room, Hotel Statler

**Sponsoring Group:** Senior and Junior Chambers of Commerce

**Presiding:** SAMUEL B. BOTSFORD, Executive Vice-President, Buffalo Chamber of Commerce

**Subject:** Cost of Syphilis in Industry

**Speakers:** EDWARD S. GODFREY, JR., M.D., Health Commissioner, New York State Department of Health  
LOUIS I. DUBLIN, PH.D., Third Vice-President, Metropolitan Life Insurance Company, Past President, American Public Health Association

**A Call to Arms in Onondaga County.**—Taking up Buffalo's challenge on its own behalf the Social Hygiene Committee of the Onondaga Health Association and 79 other community and county agencies called a public educational conference at the Onondaga Hotel in Syracuse, November 5 and 6 under the banner title *Syracuse and Onondaga County Mobilize Against Syphilis—A Call to Arms!* Features of the meeting were a continuous exhibit of literature, posters and pictures, and the talking film *For All Our Sakes*, which was shown at two different sessions. Cooperating State agencies were the Charities Aid Association and the Health Department. Mr. Henry Phillips, chairman of the Social Hygiene Committee, acted as general chairman for the conference, and Mayor Rolland B. Marvin served as honorary chairman. A statement regarding the problem of syphilis and means of conquering it, signed by Mr. Phillips, added to the effectiveness of the program, which speaks for itself. Fifteen hundred persons attended.

Thursday, November 5, at 2:00 P.M.  
Ballroom

**Subject:** Community Protection Against Syphilis

**Presiding:** GREGORY D. MAHAR, M.D., Commissioner of Health

**Speakers:** *Nature and History of Syphilis:*

O. W. H. MITCHELL, M.D., Professor of Public Health, College of Medicine, Syracuse University

*The Keynotes of the Program: Early Diagnosis, Adequate Treatment, Education of the Patient, Follow-up:*

THOMAS F. LAURIE, M.D., Regional State Consultant in Syphilis Control

SCHUYLER P. RICHMOND, M.D., Director, Bureau of Social Hygiene; Professor of Dermatology and Syphilology, Medical College, Syracuse University

WILLIAM A. BRUMFIELD, M.D., Medical Consultant, State Department of Health, Albany

**Discussion**

**Leaders:**

HON. LEO J. YEHLE, Justice, Court of Special Sessions

MRS. MARION SIMONSON, R.N., Social Hygiene Secretary, State Charities Aid Association, New York City

MISS MARGARET C. KELLY, M.A., Social Worker, Bureau of Social Hygiene

REV. DR. ROBERT BRUCE, Plymouth Congregational Church; President, Council of Churches

Thursday, November 5 at 8:00 P.M.  
Ballroom

**Subject:** Changing Attitudes Toward Syphilis Control:—Education Points the Way

**Presiding:** DR. WILLIAM A. GROAT, Chairman, Advisory Board on Public Health; Chairman, Chamber of Commerce Health Committee

**Speakers:** *State-Wide Program for Syphilis Control:*

THOMAS P. FARMER, M.D., Chairman, Committee on Public Health and Medical Education, Medical Society of the State of New York

PHILIP J. RAFLE, M.D., District State Health Officer

*Industrial Aspects of Syphilis Control:*

BEVERLY L. VOSBURGH, M.D., Medical Director, General Electric Company, Schenectady

*Public Opinion and Syphilis Control:*

HOMER FOLKS, LL.D., Secretary, State Charities Aid Association; Vice-Chairman, New York State Public Health Council, New York City

**Discussion**

**Leaders:**

RABBI BENJAMIN FRIEDMAN, Temple Society of Concord

PROF. ELLEN L. BUELL, R.N., Director, Department of Public Health Nursing, Syracuse University

JOHN F. HUMMER, PH.D., Assistant Superintendent of Public Schools

PROF. KATHERINE SIBLEY, Department of Physical Education, Syracuse University

*Talking Film—“FOR ALL OUR SAKES”—(20 minutes)*

Friday, November 6, at 12:15 P.M.  
Luncheon in Roof Garden  
Addresses at 1:00 P.M.

**Subject:** Some Results of Neglected Syphilis

**Presiding:** EDWIN H. SHEPARD, M.D., President, Syracuse Academy of Medicine

**Speakers:** *The Heart:*  
 E. C. REIFENSTEIN, M.D., Professor of Medicine, College of Medicine,  
 Syracuse University  
*The Eye:*  
 DAVID F. GILLETTE, M.D., Professor of Ophthalmology, College of  
 Medicine, Syracuse University  
*The Nervous System:*  
 HARRY A. STECKEL, M.D., Superintendent, State Psychopathic Hos-  
 pital; Professor of Psychiatry, College of Medicine, Syracuse  
 University  
*The Next Generation:*  
 FERDINAND J. SCHOENECK, M.D., Chairman, Committee on Maternal  
 Welfare, Onondaga Medical Society

**Discussion  
Leaders:** MR. MOSES WINKELSTEIN, Chairman, Welfare Council  
 PROF. HERBERT N. SHENTON, Department of Sociology, Syracuse  
 University  
 MRS. STEWART F. HANCOCK, President, Visiting Nurse Association  
 MRS. F. R. IRVING, President, Women's Auxiliary of Onondaga  
 Medical Society

Friday, November 6, at 8:00 O'clock  
 Ballroom

Meeting Called to Order: HENRY PHILLIPS, Chairman, Social  
 Hygiene Committee, Onondaga Health Association

**Presiding:** EARLE E. MACK, M.D., President, Onondaga Medical Society

**Speakers:** *Problems in the Control of Syphilis:*  
 JOHN H. STOKES, M.D., Professor of Dermatology and Syphilology,  
 University of Pennsylvania Medical School, Philadelphia

*Talking Film—“FOR ALL OUR SAKES”*

**A Meeting in Cattaraugus County.**—Of additional importance to progress in Up-State New York was another social hygiene event on September 29th, when the Council of Social Agencies of the Eighth Judicial District of western New York held an important all day conference in Olean, in cooperation with the health and social agencies of Cattaraugus County.

The conference itself was mainly around the subject of social hygiene, and opened in the morning with a general session on the *Fourfold Program of Social Hygiene*, with Dr. George H. Ramsey, assistant state commissioner of Health for Preventable Diseases, as the main speaker. Dr. Ramsey was introduced by Monsignor John C. Carr, chairman of the Council. In the afternoon a general session was held on *Social Hygiene in Its Community Aspects*, with Dr. Leslie J. Atkins, of Olean, as the main speaker. Others who participated were: Dr. H. R. O'Brien, Commissioner, Cattaraugus County Department of Health; Delmer E. Batcheller, Registrar of Vital Statistics of the Buffalo Department of Health; Rev. Victor E. Mills, O.F.M., of St. Bonaventure College; Dr. Ralph Brancale, Director of Classification Clinic-Attica Prison; Major Frank I. Hanscom, Commissioner, State Division of Parole; Dr. A. S. Dean, District State Health Officer, Buffalo; and Dr. John A. Conway, District State Health Officer, Hornell.

Over two hundred persons registered at the conference. They came from a score of small communities and counties in the western part of the state, and many columns in the rural press were given over to reporting the sessions and to general discussion of social hygiene.

**Social Hygiene and the Parent-Teacher Associations.**—From the early days of the movement parent-teacher groups have been staunch allies of social hygiene. The Social Hygiene Committee of the National Congress of Parents and Teachers, Mr. Newell W. Edson, chairman, and the state sub-committees are among the most active workers. This year the National Congress is giving fresh impetus to social hygiene interest by a number of special projects through other divisions of work. Among these projects is included an aggressive campaign for good home environment for the nation's children, carried on through the 25,000 local parent-teacher associations. Dr. Ada Hart Arlitt, of the University of Cincinnati, and National Chairman of Parent Education for the Congress, has recently edited a new book *Our Homes* for use in this campaign. Dr. Arlitt has also recently prepared for the Congress a new *Parent Education Guide-book*, which discusses basic principles governing the organization and conduct of parent education study groups. The *Guidebook* may be ordered from the National Congress at 1201 Sixteenth Street, N. W., Washington, D. C. 10 cents per copy. Another publication of interest to social hygiene workers as well as parents and teachers is *Young Lives in a Modern World*, issued as a part of the Congress' public welfare program. Price 5 cents.

Perhaps the most comprehensive project relating to social hygiene which the Congress is undertaking this year is the *Radio Forum on Growth and Development of the Child*, in which the American Academy of Pediatrics and the National Broadcasting Company are joint sponsors. This *Forum* is planned to be on the air every Wednesday, 4:00 to 4:30 P.M., over the NBC-WJZ Blue Network, from October 21st to May 19th, inclusive. A few of the topics and speakers are: *What Is Growth?*, Lawrence K. Frank, Josiah Macy, junior, Foundation; *Prenatal Growth*, George L. Streeter, Director, Department of Embryology, Carnegie Institute of Washington; *Growth of Infants*, Harry Bakwin, Assistant Professor of Pediatrics, New York University College of Medicine; *Our Ancestors*, E. A. Hooton, Professor of Anthropology, Harvard University; *Heredity or Environment?*, E. C. MacDowell, Investigator, Station for Experimental Evolution, Carnegie Institution of Washington; *Health Hazards in the Period of Growth*, Louis I. Dublin, Vice-President, Metropolitan Life Insurance Company, and *Emotional Development in Children*, John E. Anderson, Director, Institute of Child Welfare, University of Minnesota. Mrs. B. F. Langworthy, President of the National Congress, heads the committee in charge of this radio project, and Norman C. Wetzel, M.D., of the Babies and Childrens Hospital of Cleveland, acts as editor of the *Forum*.

**A Kansas City Lecture Series.**—The Kansas City Social Hygiene Society announces as a part of its fall and winter program an outstanding lecture series by three well-known speakers. November 7 to 10, Dr. Regina Westcott Wieman, author and lecturer, of Chicago, will address a series of meetings for young people and their parents and for community leaders of youth groups. January 11, 12 and 13, Grace Sloan Overton, chairman of the Marriage and Home Department of the National Council of Federated Church Women, will conduct a three-day institute for community leaders, in addition to a special seminar for young people, and public lectures. Paul Popenoe, Director of the Los Angeles Institute of Family Relations, will present a lecture series March 9, 10, 11 and 12.

Registration for the series may be made through Mrs. Mary D. Ream, Executive Secretary of the Kansas City Society, at its headquarters at 1020 McGee Street.

**New York State Nurses Discuss Social Hygiene.**—*Mental Health and Social Hygiene* was the theme of the Annual Convention of the New York State Organizations of Nurses, held at the Hotel Pennsylvania, New York City, October 12th to 16th. More than 2,000 nurses were registered, and a good share of them registered also at the Association's exhibit booth where requests for literature and information were looked after. Taking the convention theme for his topic, Professor C.-E. A. Winslow addressed the opening general session, and prominent in the program was an afternoon meeting presided over by Miss Geneva Hoilien, R.N., President of the New York State Organization for Public Health Nursing. Topics and speakers for this session included :

Development of Social Hygiene Program in New York City, Dr. Walter Clarke, Director, Bureau of Social Hygiene, City Department of Health  
Why Not Control Syphilis, Bailey B. Burritt, General Director, Association for Improving the Condition of the Poor, New York City  
What Are the Things a Nurse Should Know About Social Hygiene?, Mrs. Evangeline Morris, R.N., Social Hygiene Supervisor, Community Health Association, Boston, Mass.

An interesting feature of the special program for Student Nurses was a round table *Introducing Student Nurses to Social Hygiene*, conducted by Mrs. Marion Simonson, R.N., Field Secretary in Social Hygiene of the New York State Charities Aid Association.

# STATE AND LOCAL SOCIAL HYGIENE SOCIETIES IN THE UNITED STATES

## Alabama

Birmingham Social Hygiene Association

Mrs. Warrene Steidinger  
66 Dall Road, Birmingham

## California

Oakland Social Hygiene Committee

Thomas J. Clark, M.D., Chairman  
40 Ross Circle, Oakland

San Francisco Social Hygiene Committee

George S. Johnson, M.D., Chairman  
527 Mason Street, San Francisco

Family Relations Center of Sex  
Education Society of San Francisco

Grace A. McGaw, Secretary  
1200 Hyde Street, San Francisco

## Connecticut

New Haven Social Hygiene Committee\*

Maurice J. Strauss, M.D., Secretary  
59 College Street, New Haven

## District of Columbia

Social Hygiene Society of the District of Columbia

Ray H. Everett, Executive Secretary  
927 15 St., N.W., Washington

## Florida

Florida Social Hygiene Council

Mrs. Willis M. Ball, President  
1855 Powell Place, Jacksonville

## Georgia

Georgia Social Hygiene Council

Professor Ralph E. Wager, President  
Emory University

## Illinois

Committee of Fifteen

Jesse A. Jacobs, Executive Secretary  
203 N. Wabash Avenue, Chicago

Danville Social Hygiene Committee

W. H. Debehan, Chairman  
Y.M.C.A., Danville

Illinois Social Hygiene Council

Rachelle S. Yarros, M.D., Chairman  
9 East Huron Street, Chicago

Illinois Social Hygiene League

Louis I. Schmidt, M.D., President  
9 East Huron Street, Chicago

Juvenile Protective Association

Jessie L. Binford, Secretary  
816 S. Halstead Street, Chicago

Social Hygiene Organization

Mrs. Frank Cauley, Chairman  
1619 Hinman Avenue, Evanston

Harrisburg Social Hygiene Committee

Bess Pemberton, Chairman  
218 West Lincoln Street, Harrisburg

Robinson Social Hygiene Committee

P. K. Houdek, Chairman  
Robinson

Social Hygiene Committee, Rock Island Council of Social Agencies

Mrs. J. B. Frederick, Chairman  
Rock Island

Springfield Social Hygiene Association

T. E. Royal, Springfield Public Schools, Springfield

Social Hygiene Committee of Champaign-Urbana

Howard A. Amerman, Secretary  
303 S. Wright Street, Champaign

## Indiana

Social Hygiene Committee, Indiana Tuberculosis Association

1219 Meyer-Kiser Building, Indianapolis



**New Mexico**

New Mexico Social Hygiene Association

Donald MacKay, Secretary  
Eastern New Mexico Junior College, Portales

**New York**

Albany Social Hygiene Committee

Mrs. Theodore Sonnenfeld, President  
Sunfield Farm, Slingerlands

**Belmont**

Sub-committee on Social Hygiene,  
Allegany County Council on Tuberculosis and Public Health

George Jammer, Chairman  
Wellsville

**Brooklyn**

Social Hygiene Committee, Brooklyn Tuberculosis and Health Association

Frederic B. Pratt, Chairman  
293 Schermerhorn Street

**Buffalo Social Hygiene Committee**

Marvin Israel, M.D., Chairman  
Care of Council of Social Agencies, 70 West Chippewa Street, Buffalo

**Chautauqua County**

Social Hygiene Committee, Chautauqua County Tuberculosis and Health Association

Rev. Leslie F. Chard, President  
St. John's Church, Dunkirk, N. Y.

**Delaware County**

Social Hygiene Committee of Delaware County Council on Tuberculosis and Public Health

Elsie Gidger, Secretary  
Walton

**Herkimer County**

Social Hygiene Committee, Herkimer County Tuberculosis and Health Association

Jane Boote, Executive Officer  
County Office Building, Herkimer

**Newburgh**

Social Hygiene Committee, Newburgh Public Health and Tuberculosis Association

Katherine Dutting, Secretary  
70 Dubois Street, Newburgh

**New York City**

Social Hygiene Sub-Committee, State Committee on Tuberculosis and Public Health, State Charities Aid Association

George J. Nelbach, Secretary  
105 East 22nd Street, New York

Social Hygiene Committee, New York Tuberculosis and Health Association

Jacob A. Goldberg, Secretary  
386 Fourth Avenue, New York

Social Hygiene Council of Greater New York

Jacob A. Goldberg, Secretary  
386 Fourth Avenue, New York

**Niagara Falls**

Social Hygiene Committee, Niagara County Tuberculosis and Health Association

Mrs. Margaret Newman, Secretary  
Bewley Bldg., Lockport

**Queensboro**

Social Hygiene Committee, Queensboro Tuberculosis and Health Association

Carl Boettiger, M.D.  
Flushing

<b>Rochester</b> Social Hygiene Committee, Monroe County Tuberculosis and Health Association	Raymond H. Greenman, Secretary, Rochester
<b>Schenectady</b> Social Hygiene Council of Schenectady	Mrs. Samuel B. Fortenbaugh, Chairman 1333 Lowell Road, Schenectady
<b>Syracuse</b> Social Hygiene Committee, Onondaga Health Association	Henry Phillips, Chairman 327 Montgomery Street, Syracuse
<b>Utica</b> Social Hygiene Committee, Oneida County Council on Tuberculosis and Public Health	George M. Fisher, M.D., Chairman 43 Mann Building, Utica
<b>Westchester County</b> Social Hygiene Committee, West- chester Tuberculosis and Health Association	Mrs. Susan M. Baker, Secretary 8 Church St., White Plains, N. Y.
<b>Yonkers</b> Social Hygiene Committee, Yonkers Tuberculosis and Health Association	Elton Littell, M.D., Chairman 20 South Broadway, Yonkers
<b>Ohio</b>	
Cincinnati Social Hygiene Society	Carl A. Wilzbach, M.D., Executive Secretary 312 West 9th Street, Cincinnati
Cleveland Social Hygiene Association	DeLo Mook, President 916 Euclid Avenue, Cleveland
Social Hygiene Committee, Cleveland Health Council	Robert N. Hoyt, M.D. 1900 Euclid Avenue
Ohio Social Hygiene Council*	Robert G. Paterson, M.D., Secretary 72 South Fourth Street, Columbus
Toledo Social Hygiene Association	W. E. McClure, President University of Toledo, Toledo
Youngstown Social Hygiene Association	Paul H. Luce, President, 111 Creed Street, Struthers
<b>Oklahoma</b>	
Social Hygiene Committee, Tuberculosis Society of Oklahoma City*	
<b>Oregon</b>	
Oregon Social Hygiene Society	Fred B. Messing, Executive Secretary 376 Pittock Bldg., Portland
<b>Pennsylvania</b>	
Erie Social Hygiene Association	Mrs. Harriet Powell, Executive Secretary 133 West 7th St., Erie
Social Hygiene Committee, Yearly Meeting of Friends	Sara N. H. Houghton, Secretary 1515 Cherry Street, Philadelphia
Pittsburgh Social Hygiene Committee	Mrs. Saul Lavine, Secretary Care H. C. Frick Training School, Thackery Street, Pittsburgh

Social Hygiene Committee, Pennsylvania Conference of Social Welfare	Charles Alspach, Secretary 526 Washington Street, Reading
Reading Social Hygiene Committee	Ira J. Hain, M.D., Secretary Department of Public Safety, Reading
Luzerne County Social Hygiene Society	Nellie G. Loftus, Executive Secretary 71 North Franklin Street, Wilkes-Barre

**South Carolina**

Social Hygiene Council for Richland County*	A. C. Flora, Chairman Superintendent of Schools, Columbia
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**South Dakota**

South Dakota Social Hygiene Council*	M. C. Haecker, Secretary Waubay
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**Tennessee**

Social Hygiene Association of Tennessee*	Ike Weinstein, President Nashville
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**Texas**

Houston Social Hygiene Association	Ewing Werlein, Chairman Hampshaw Bldg., Houston
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**Vermont**

Brattleboro Social Hygiene Committee	Donald B. Hoyt, Chairman Brattleboro
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**Virginia**

Virginia Social Hygiene Council	Dudley C. Smith, M.D., Chairman University of Virginia
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**Washington**

Seattle Social Hygiene Committee	Rev. E. Raymond Attebery, Chairman 30th Avenue South and King Street, Seattle
Social Hygiene Committee, Tacoma Public Health Council	J. A. Whitacre, M.D., Chairman Medical Arts Bldg., Tacoma

**Wisconsin**

Milwaukee Society for the Suppression of Commercialized Vice	558 Jefferson Street, Milwaukee
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**Hawaii**

Social Hygiene Association of Hawaii	Miles E. Cory, President 810 N. Vineyard St., Honolulu
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\* Inactive at present.

NATIONAL AGENCIES — OFFICIAL AND VOLUNTARY — WHICH MAINTAIN STANDING COMMITTEES OR DEPARTMENTS ON SOCIAL HYGIENE, OR DEFINITELY INCLUDE SOCIAL HYGIENE ACTIVITIES IN THEIR YEARLY PROGRAMS

(A partial list)

*Voluntary Agencies*

American Eugenics Society	Ellsworth Huntington, President 50 W. 50 Street, New York, N. Y.
American Legion National Child Welfare Department	Emma C. Puschner, Director Indianapolis, Indiana
American Home Economics Association Committee on Child Development and Family Relationships	Mrs. Grace Powers-Hudson 620 Mills Bldg., Washington, D. C.
American Medical Association	Olin H. West, M.D., Secretary and General Manager 535 N. Dearborn Street, Chicago, Illinois
American Nurses' Association	Mrs. Alma Scott, Acting Director 50 West 50 St., New York, N. Y.
American Public Health Association	Reginald M. Atwater, M.D., Executive Secretary 50 West 50 St., New York, N. Y.
American Student Health Association	Ruth E. Boynton, M.D., Secretary- Treasurer University of Minnesota, Minneapolis, Minnesota
American Youth Commission	Miriam Van Waters, Secretary 744 Jackson Place, Washington, D. C.
Association of Women in Public Health	Mary R. Lakeman, M.D., President 100 Nashua Street, Boston, Mass.
Child Study Association of America	Mrs. Sidonie M. Gruenberg, Director 221 West 57th St., New York, N. Y.
Federal Council of Churches of Christ in America Committee on Marriage and the Home	L. Foster Wood, M.D., Secretary 105 East 22nd Street, New York, N. Y.
General Federation of Women's Clubs Division of Public Health of the De- partment of Public Welfare	Mrs. Carl W. Illig, Junior, Chairman 7 Union Street, Onset, Massachusetts
International Migration Service— American Branch	Walter D. Makepeace, Secretary 122 East 22nd Street, New York, N. Y.
Maternity Center Association	Hazel Corbin, Director 1 East 57th Street, New York, N. Y.
Medical Women's National Association	Catharine Macfarlane, M.D., President 50 West 50 St., New York, N. Y.

National Committee for Mental Hygiene	C. W. Hincks, M.D., Medical Director 50 West 50 St., New York, N. Y.
National Conference on College Hygiene Committee on Social Hygiene	Prof. Maurice A. Bigelow, Chairman 50 West 50 St., New York, N. Y.
National Conference of Social Work	Howard R. Knight, Secretary 82 North High Street, Columbus, Ohio
National Congress of Parents and Teachers Social Hygiene Committee	Newell W. Edson, Chairman 15 Clark Street, Brooklyn, N. Y.
National Council of Parent Education	Ralph P. Bridgeman, Director 60 East 42nd Street, New York, N. Y.
National Council of Women Social Hygiene Committee	Valeria H. Parker, M.D., Chairman 144 S. Harrison St., East Orange, N. J.
National Council, Protestant Episcopal Church in the United States of America Department of Christian Social Service	Rev. Almon R. Pepper, Executive Secretary 281 Fourth Avenue, New York, N. Y.
National Girls' Work Council	Emily T. Burr, Chairman 421 E. 88th Street, New York, N. Y.
National Health Council Committee on Prevention of Con- genital Syphilis	Dr. Walter Clarke, Chairman 50 West 50 St., New York, N. Y.
National League for Nursing Education	Clarabil A. Wheeler, Executive Secretary 50 West 50 St., New York, N. Y.
National League of Women Voters Department of Government and the Legal Status of Women (see also Department of Child Wel- fare)	Mrs. Edith Valet Cook, Chairman 206 St. Ronan Street, New Haven, Connecticut
National Organization for Public Health Nursing	Dorothy Deming, General Director 50 West 50 St., New York, N. Y.
National Probation Association	Charles L. Chute, Executive Director 50 West 50 St., New York, N. Y.
National Society for the Prevention of Blindness	Lewis H. Carris, Managing Director 50 West 50 St., New York, N. Y.
National Tuberculosis Association	Kendall Emerson, M.D., Managing Director 50 West 50 St., New York, N. Y.
National Woman's Christian Temper- ance Union Department of Social Morality	Grace Lee Scott, Director Greenville, Indiana

*Official Agencies*

United States Children's Bureau	Katherine Lenroot, Chief Washington, D. C.
United States Department of the Interior Office of Indian Affairs	J. G. Townsend, M.D., Director of Health, Washington, D. C.
United States Department of Justice	J. Edgar Hoover, Director of Investi- gation, Washington, D. C.
United States Public Health Service Division of Venereal Diseases	R. A. Wonderlehr, M.D., Assistant Surgeon General, Director Washington, D. C.
United States Department of Labor, Im- migration and Naturalization Service	Daniel W. MacCormack, Commis- sioner of Immigration and Natu- ralization, Washington, D. C.
United States Social Security Board	Frank Bane, Executive Director Washington, D. C.
United States Works Progress Adminis- tration Women's Division	Mrs. Ellen S. Woodward, Director Washington, D. C.
National Youth Administration	Aubrey Williams, Executive Di- rector, Washington, D. C.

**SOCIAL HYGIENE AND THE COMMUNITY***A Reference List of Projects and Programs for Providing Public  
Information and Increasing Interest and Cooperation  
in Social Hygiene.***General Programs and Projects:**

*Suggestions for Organizing a Community Social Hygiene Program, with Some Things a Community Should Know About Itself.* A.S.H.A. Pub. No. 889. 10¢. A brief yet comprehensive statement of the objectives of Social Hygiene and methods developed for reaching them through organized groups. Includes questions for ascertaining the Social Hygiene Community situation.

*Notes on Organization and Objectives of a State Social Hygiene Council, Committee or Other Working Group.* A.S.H.A. Pub. No. 892. Single-copies free. A short statement of the kind of state group and organization which exists in several states.

*Organizing a Social Hygiene Conference.* Jacob A. Goldberg. A.S.H.A. Pub. No. 996. 10¢. A practical account of the methods employed in organizing the highly successful Regional Conferences held for several years by the Social Hygiene Council of Greater New York.

*Program for a Social Hygiene Week.* St. Louis recently devoted an entire week to consideration of Community Social Hygiene problems. Features of the program were several general meetings, special sessions on medical, legal-protective and educational measures; a special session for young people; and a professional conference of community leaders. For further information address Dr. Harriet S. Cory, Executive Secretary, Missouri Social Hygiene Association, 3858 Westminster Place, St. Louis. (For Topics and speakers, see page 322).

**Special Programs and Projects:**

*The Time Has Come for Community Action Against Syphilis.* Under this challenging heading the Social Hygiene Committee of Buffalo held a two-day conference to inform its citizens of the grave problems arising from this disease, and what can be done about them. For further information write to Paul L. Benjamin, Buffalo Council of Social Agencies, 70 West Chippewa Street, Buffalo. (For topics and speakers see page 324.)

*Syracuse and Onondaga County Mobilize Against Syphilis.—A Call to Arms!* A two-day public educational conference sponsored by the Social Hygiene Committee of the Onondaga Health Association and over 70 community agencies in Syracuse, New York, November, 1936 (see page 327). For further information address Arthur W. Towne, Secretary, Onondaga Health Association, 327 Montgomery Street, Syracuse.

*The Case of Youth vs. Society.* The Youth Trial held in the Oranges and Maplewood in May, 1935, proved to be one of most resultful and far-reaching projects for arousing community interest in social hygiene yet conducted. Trials have been held in many communities since then. In the Oranges the project was carried through to the establishment of a permanent Social Hygiene program and the organization of the Orange Institute on Marriage and the Home. Report of the Trial, with full directions for developing such a project, by the originator, Wayland D. Towner, A.S.H.A. Pub. No. 959. 10¢

*Social Hygiene Education in a City of Medium Size.* Jean B. Pinney. A.S.H.A. Pub. No. 854. 10¢. Story of a highly successful campaign to educate the general public of Reading, Pa., regarding the venereal diseases, with details of methods, costs, and other data.

*Popular Health Education in Simplest Terms.* Mary S. Edwards. A.S.H.A. Pub. No. 891. 10¢. How New Orleans conducted a Social Hygiene Educational campaign among its Negro population, many of whom could neither read nor write.

*Carrying Health Facts to Industry.* Ray H. Everett. A.S.H.A. Pub. No. 984. 10¢. Methods and results of a series of Social Hygiene talks given to industrial groups in Washington, D. C.

*Program for a State-wide Conference on Marriage and the Family.* Sessions and Topics of the New York State Conference on Marriage and the Family, held June, 1936, in New York City. Copies may be secured from Dr. Sidney E. Goldstein, Chairman of the Organizing Committee, 40 West 68th Street, New York City.

*The Modern Family and Its Problems.* A joint program presented as one of the Family Life Series of the Division of Adult Education, State Department of Education of California. Especially interesting because the whole family was invited, including young children, who had a room to themselves, with play, games and readings under the guidance of a trained teacher. For copy of program write to Parent Education Department, Los Angeles High School, 4600 Olympic Blvd., Los Angeles.

*Social Hygiene Program for a State Nursing Convention.* The 1936 annual meeting of the New York State Organizations of Nurses took for the Convention theme *Mental Health and Social Hygiene*. Outlines of sessions and topics (see page 330).

**Suggestions for Publicity:**

*Newspaper Cooperation in the Social Hygiene Campaign.*—Fac-simile reproductions of various news items, special feature stories, editorials, et cetera which have appeared in newspaper article series in various communities.

*New Brooms and Old Cobwebs.*—Jean B. Pinney. A.S.H.A. Pub. No. 991. 10¢. An account of recent developments in Social Hygiene Education through the press, periodicals, motion pictures and over the radio.

**Visual Education Helps and Other Materials:**

Ask for free folders *Social Hygiene Motion Pictures*. Pub. No. 980. *Social Hygiene Exhibits.* Pub. No. A 2

## ANNOUNCEMENTS

**Autumn Greetings.**—To JOURNAL readers, after the summer siesta, salutations, and our regrets that they have been delayed. Reasons, as we are sure you understand, were unavoidable. To compensate, we have tried to make this *Community Number* of the JOURNAL of bed-rock practical value, and hope it will reach you in plenty of time to be of use in your plans for *National Social Hygiene Day*. Save the Date, Wednesday, February 3, 1937. . . . We shall have plenty of extra copies of this number, *35 cents each*. Also separate reprints of Dr. Goldberg's story of the New York social hygiene conferences (Pub. No. 996. 10 cents), and of Mrs. Illig's description of what women's clubs are planning to do, as well as Dr. Lakeman's piece about the program for the National Council of Women. *These two, 5 cents each or \$2.50 a hundred, in reprint form.* . . . Free reprints of the lists of social hygiene societies and national agencies (Pub. No. 998) and the project and program reference list *Social Hygiene and the Community*. (Pub. No. 999.)

**And Speaking of Social Hygiene Day.**—Don't forget to watch your home newspapers and your favorite magazines for items about national and local observance of this occasion. Thus early twenty-five communities have announced their intention of holding meetings or programs of some kind. You'll be hearing more about plans shortly.

**Now in November.**—Hard on the heels of this *Community Number* of the JOURNAL will come the November issue, a *Medical and Public Health Number*. Among the contents: *Syphilis and Social Security*, by Dr. Snow; *Latent Syphilis—A Post-Depression Problem*, by Dr. Ferdinand O. Reinhard, Baltimore City Health Department; *Tracing the Source of Infection in Syphilis*, by Dr. George V. Kulchar and Erla Ninnis, of San Francisco; *New York City's Program for Syphilis Control*, by Dr. Walter

Clarke. Surgeon General Parran contributes an editorial. Interesting and helpful news items and other sections as usual, and a new bibliography of *Medical and Public Health References*. Doctors, nurses and social workers will find this a useful handbook, but it is not too technical for non-professional readers.

**In December.**—Legal and Protective matters claim the JOURNAL for December. You remember Bascom Johnson's article, *Prostitution in the United States* (see JOURNAL OF SOCIAL HYGIENE for December, 1933), summarizing the situation in the states and communities at that time? Mr. Johnson brings himself and our readers up to date in a new article reporting on events of the last three years. . . . *Moscow Revisited*, by Dr. Rachelle S. Yarros of Chicago, is another report of national stock-taking in social hygiene, this time in the U.S.S.R. There have been changes there, too. . . . You'll enjoy both these and the other articles and items to be included.

**Exhibits.**—People tell us that we don't say enough about our special exhibits, charts, posters and other visual educational aids, so we've prepared a small folder describing some of the most popular. Ask for *Social Hygiene Exhibits*. Pub. No. A 2. *Free*.

**Girls on City Streets.**—Where did they live? What were their homes like? Their relations with their parents? Their intelligence levels? Their ages? What led up to the difficulties in which they found themselves, and what did they think about it all? What could the community, the church, the school and their parents have done to prevent their exploitation? Who and what were the men who exploited them? These and other questions are discussed in this study of 1,400 cases of rape, reported on by Jacob A. and Rosamond W. Goldberg. All who deal with young people will find information and real help in this volume, published a year ago. *384 p. \$2.50 per copy, plus postage.*

THE AMERICAN SOCIAL HYGIENE ASSOCIATION has been since 1914 the national voluntary agency for social hygiene. Its purpose is to encourage, strengthen and preserve American family life, by such means as

Health Protection—through prevention and treatment of the health enemies syphilis and gonorrhea

Good Environment— influenced by provision for wholesome use of leisure time, exclusion of degrading amusements and repression of commercialized prostitution

Successful Living—amplified and safeguarded by sound sex instruction and education for marriage and family relations

The Association is glad to aid and advise all agencies and individuals interested in working towards these objectives, and seeks their cooperation in planning and carrying out the national program. The organization is supported entirely by voluntary contributions and membership dues, which come from every part of the country. Membership privileges include: the monthly JOURNAL OF SOCIAL HYGIENE; the SOCIAL HYGIENE NEWS; copies of pamphlets (on request); 10% discount on books in our selected list; library loan and reference privileges; advisory service from the staff.

Annual dues, \$2.00. Library membership service, \$3.00.

Society membership, \$10.00, with added privileges.

You Are Invited to Send Us

Inquiries  
Suggestions  
A contribution, or your name for membership  
The names of others who may be interested

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\* Member of Executive Committee.

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MARCH, 1936

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PUBLISHED MONTHLY EXCEPT JULY, AUGUST AND SEPTEMBER

AT 372-374 BROADWAY, ALBANY, N. Y., FOR

THE AMERICAN SOCIAL HYGIENE ASSOCIATION

EDITORIAL OFFICES

50 WEST FIFTIETH STREET, NEW YORK CITY

National Social Hygiene Day ~ February 3, 1937

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The JOURNAL OF SOCIAL HYGIENE is supplied to active members of the American Social Hygiene Association, Inc. Membership dues are two dollars a year. The magazine will be sent to persons not members of the Association at three dollars a year; single copies are sold at thirty-five cents each. Postage outside the United States and its possessions, 50 cents a year.

Entered as second-class matter at post-office at Albany, N. Y., March 23, 1922. Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized March 23, 1922.

Published monthly (nine issues a year) for the Association by the Boyd Printing Company, Inc., 372-374 Broadway, Albany, N. Y.

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# Journal of Social Hygiene

VOL. 22

NOVEMBER, 1936

NO. 8

Medical and Public Health Number

## SYPHILIS AND SOCIAL SECURITY

WILLIAM F. SNOW, M.D.

Everyone is talking about social security; much is being printed about health. Syphilis is one of the little known forces undermining and destroying both health and security for millions of people annually.

Science has discovered the cause of syphilis. This disease can now be diagnosed with certainty, and adequate treatment will promptly check its progress and in due course bring about a cure, while giving assurance that the patient can not transmit the infection to any other person. With application of the available knowledge and methods of medical and public health procedure, syphilis could be eliminated from the roll of major causes of death and ill-health in the next decade, and as has been said by Surgeon General Parran, could be stamped out in a single generation. But to accomplish this, medical science, sociology and education must be harnessed together; none can get results alone. The great prevalence and widespread distribution of the disease, involving five per cent or more of the entire population attest this fact.

Theoretically the solution of the problem of syphilis control and eradication is simple: (1) Find all the cases, (2) provide them with proper medical treatment, follow-up care and observation, (3) prevent new cases from coming into the community and infecting others. These measures have been applied with brilliant results in many another dangerous

communicable disease, the control of which has proved far more costly and technically more difficult than the control of syphilis would prove to be. The outstanding reason for this failure to apply our knowledge is that the spirochete of syphilis finds its greatest opportunity to transfer itself from an infectious individual to a susceptible one at the time of sexual contacts. Thus the public came early to associate it chiefly with those men and women who are sexually promiscuous or who engage in commercialized prostitution. The ensuing policy of silence and secrecy coupled with the old idea that syphilis is a penalty for sin have conspired to impede progress in necessary medical and public health work, and in popular education which must precede rapid advances in the conquest of the disease. Fortunately the perfecting of accurate diagnosis, effective treatment, and public health procedures has been paralleled during the past twenty-five years by the growth of sufficient public support and understanding now to make possible a nation-wide attack on the disease.

We have been less fortunate in our scientific advances toward establishing a thoroughly practicable program for combating gonorrhea, and equally unfortunate in encountering opposition to popular education on the subject. Nevertheless search for better methods of treatment and ways of inducing individuals to seek a physician immediately after the first symptoms appear, have been rewarded by increasing numbers of patients whose infection has been promptly brought under control and cured. In the past, gonorrhea has been aptly described by Dr. Pelouze as "the stepchild of medicine." Laymen have joked about it and the victims have been exploited mercilessly by medical quacks and patent medicine manufacturers. No wonder it is two or three times more prevalent than syphilis. However, with this period of its history drawing to a close, serious attention is being directed to it as a major cause of illness and frequent handicaps such as strictures, sterility, cardiac and joint impairments, and other conditions producing misery, economic loss, and damage to many members of succeeding generations—for example, blindness of babies at birth, and the handicaps

of children through deaths or invalidism of mothers from this cause. Probably this disease will not be dramatized as syphilis has been in recent years unless some new and spectacular method of cure is devised. At present heat therapy seems to offer such a possibility, if it can be made safe and inexpensive. But even now gonorrhea could be brought forward from its inconspicuous position of being "among those present" in the group of so-called venereal diseases and given recognition among the first half dozen of widespread dangerous communicable diseases which society should strive to control.

Social security implies the safeguarding of individuals and family groups in many ways. There are various proposals, but all of them include prevention of disease and promotion of healthful living as essentials. Solution of the specific problems of protection from syphilis and gonorrhea and the restoring to health of those infected must be incorporated in the practical programs for achieving social security. Before discussing what aid may be expected in the battles against these diseases from the recent National Social Security Act it will be worthwhile to consider the essential planks in a platform for venereal disease control as a community responsibility:

1. Work for more complete information on the prevalence of these diseases and other factors in planning their control.
2. Provide adequate laboratory and consultation services to assure accurate diagnosis for all possible cases.
3. Secure prompt treatment for all infectious cases, and provide aid in keeping them under treatment and observation.
4. Develop an epidemiological investigation service to discover and induce contacts and sources to seek examination and necessary treatment.
5. Supply drugs and other therapeutic aids as necessary.
6. Increase the number of persons seeking diagnosis and treatment from competent private practitioners, by offering the above services to physicians for their patients when required.
7. Supplement the maximum private practice care of cases by offering similar aid to existing private and public clinics.
8. Establish such additional public health clinic and consultant services as may be necessary to provide fully for proper treatment of all early cases.

9. Advocate as an added safeguard to public health and for the welfare of individuals and the general public, treatment and after care of late syphilis and chronic gonorrhea cases.
10. Make available hospital bed facilities and service for all cases requiring such care for themselves or as a protection to their families and community groups.
11. Conduct a continuous campaign of public information, and aid the educational authorities to include appropriate material in permanent health education programs.
12. Promote prophylactic procedures under such safeguards as will ensure scientific application and keeping the individuals under observation until freedom from infection is certain.
13. Correlate and carry on recognized measures and activities for protection of individuals and communities against practices, amusements, and environmental influences favoring the dissemination of syphilis and gonococcal infections.
14. Encourage further research including study of improvement in methods of applying the knowledge acquired.

Obviously since all these activities can not be undertaken simultaneously in many communities, it is profitable to group them in terms of possible priority claims for attention in a practical program. On such a basis the list may be restated in the order of relative importance of administrative measures for the control of syphilis and gonococcal infections.

**1. *Diagnostic Services***

- (a) Laboratory services
- (b) Consultation service
- (c) Special examination and advice centers

**2. *Case Finding and Holding***

- (a) Familial syphilis cases
- (b) Early syphilis in young men and young women
- (c) Congenital syphilis cases

**3. *Securing or Providing Treatment***

- (a) For syphilis in pregnant women
- (b) For early syphilis in young married men and women
- (c) For syphilis and gonorrhea in children
- (d) For early gonococcal infection of young married men and women
- (e) For other cases of early syphilis and gonorrhea; and for the remaining cases as personnel, drugs, and other facilities permit

**4. *Information Service***

- (a) Adult education and publicity concerning these diseases and what may be done about them
- (b) Assistance to educational authorities and voluntary agencies in carrying out permanent educational plans for incorporating sex education and knowledge of syphilis and gonococcal infections in health education courses

**5. *Reporting, and the Collection of Other Data***

- (a) Confidential case reporting for diagnostic, epidemiological, treatment, and other administrative purposes
- (b) Securing and tabulating of other information regarding history and disposition of cases

**6. *Research and Demonstration Activities***

- (a) Further research on problems of syphilis control
- (b) Further research on problems of gonorrhea control
- (c) Studies and demonstrations of related administrative measures

It is evident that a workable program such as this summary implies could be operated on a nation-wide scale only through cooperation of all the states and the Federal Government. It is fortunate that the Social Security Act recognizes this by providing for federal, state and local cooperation in the prevention of disease and promotion of health. As a result the opportunities have been greatly broadened for including the control of syphilis and gonorrhea in the enlarged program for conservation of national vitality under the stimulating leadership of the United States Public Health Service, the Children's Bureau and other governmental agencies. The titles of this Act bearing most directly and importantly upon social hygiene problems are those conferring on these two federal services certain powers and duties, which may be summed up somewhat as follows:

***Basis for Social Security Act Grants in Aid to States***

1. The states may make plans for bringing about improvement and revision of their state and local health services, laws, and regulations with a view to establishing and maintaining adequate public health services, including the training of personnel for state and local health work. These plans and estimate may be submitted by the proper state health authorities to the United States Public Health Service for notation in connection with applications for federal assistance in carrying out such plans efficiently. With the approval of the Surgeon General appropriations to assist in such work, totaling \$8,000,000 annually, may be made to the states and their local health districts; in addition to provision of certain consultant services and temporary personnel.

2. The U. S. Public Health Service is provided with \$2,000,000 annually for research and related field studies, the results of which may be utilized by all the states and local health authorities and agencies.
3. The U. S. Children's Bureau, similarly, is provided under this Act with some \$3,800,000 annually for aid to the states in building up their material and child health activities. While the details of distribution differ from the requirements imposed by the Act upon the Public Health Service and the states in qualifying for grants, the Bureau must receive formal applications through the health authorities and is governed by the same general purpose of bringing all backward services into line with modern procedures and the securing of maximum results.
4. Other titles of the Act are of interest to social hygiene agencies, such as the provision of \$1,500,000 through the Children's Bureau to enable the United States to coöperate with the states in establishing, extending and strengthening in predominantly rural areas, child welfare services for the protection and care of homeless, dependent and neglected children, and children in danger of becoming delinquent.

More indirectly, many social hygiene problems are affected by the provisions for "aid to the blind," "aid to dependent children," "old-age assistance," "provisions for crippled children." And for that matter, the other titles of the Act relating to "unemployment compensation" and "old-age benefits" are of concern to the social hygiene movement as factors in conserving and encouraging family life and stability.

Administrative provisions of the Act specify that the Surgeon General of the Public Health Service, with the approval of the Secretary of the Treasury, shall at the beginning of each fiscal year, allot to the states the total of the amount appropriated for such year, and of amounts remaining unpaid from the preceding year. The bases for determining these state allotments include (1) population, (2) special health problems, (3) financial needs. The working out of practical regulations under these limitations has been done in conference with the state and territorial health officials, and before taking final action the Surgeon General awaits requests from the state health officers properly supported by the governing state authorities. Of particular interest to social hygiene groups are the *Recommendations for a Venereal*

*Disease Control Program in State and Local Health Departments*<sup>1</sup>—proposed by the Advisory Committee to the U. S. Public Health Service, as a basis for considering applications for grants in aid and other assistance in combating these diseases. Some of the points in this report are:

1. "The health department of a State, large municipality, or health district should include the following provisions in its administrative organization:
  - (a) Venereal disease control work should be integrated or performed in close liaison with the communicable-disease division of the health department, but it should be directed under a separate division or subdivision with a high degree of autonomy.
  - (b) The program should be directed by a full-time venereal-disease control officer.
  - (c) In each State, large municipality, or health district there should be a local advisory committee to the health department, which will be charged with the coördination of venereal-disease control activities of the health department, the medical and allied professions, and voluntary agencies."
2. "The proportion of health department funds to be allocated to the venereal-disease control activities should in general be determined by two considerations: First, a carefully drawn State program to secure for the public adequate protection against the spread of disease by infected individuals, and for the individual patient adequate treatment, skilled medical care, and maximum privacy. Second, allocation of funds on the basis of the relative prevalence of the venereal diseases in relation to all communicable diseases in the State's morbidity rates, or on the relationship of such morbidity rates to special political or geographic units within the State."<sup>2</sup>

"In the allocation of funds on the first basis it is recommended that due regard be had for the integration and coördination of the local with the State and National programs. In consideration of the second point, local morbidity rates should be reinforced by special surveys conducted by disinterested agencies, such as the United States Public Health Service, to determine prevalence in individual areas and to bring to light special local problems."

"In view of these considerations, it is recommended that State health departments, in determining the allocation of funds, be urged to consider the proportion to be expended for venereal-disease control as a separate and distinct item, this proportion of the total budget to

<sup>1</sup> U. S. Public Health Service, Reprint 54, *Venereal Disease Information*, Vol. 17, No. 1, January, 1936. Government Printing Office. Price 5 cents.

<sup>2</sup> At present for the whole United States the venereal diseases comprise approximately twenty per cent of all the communicable diseases reported.

be determined if necessary with the advice and assistance of the Public Health Service. It is further recommended that, in the development of such a policy, each health unit within the State be given an opportunity to show its particular needs."

"If it is apparent that funds are not now available for the administration of the complete program, either from the Public Health Service or from State or local health departments, further consideration should be given to: (a) The elements of the program which should be undertaken at once with the funds in hand; and (b) the elements which should be given preference as additional funds become available."

This report proceeds with discussion of adequate treatment facilities in both cities and rural communities, free distribution of antisyphilitic drugs, diagnostic and in-patient treatment centers, minimum requirements for facilities and personnel, standardization of treatment, prevention of prenatal transmission of syphilis, ophthalmia neonatorum and gonorrhreal vaginitis, epidemiologic work, laboratory facilities, coöperation of health departments with physicians, morbidity and mortality reports, informative and educational programs, prophylaxis of the venereal diseases, study of the results of a program.

The mere enumeration of such a list of items of direct concern in planning an effective program for dealing with this group of diseases, shows the complexity of the problem. It shows, too, how helpless are the local, state, and federal health authorities without the understanding and support of the public. To secure this sympathetic understanding and active coöperation of the citizens, the existing voluntary social hygiene agencies, and new committees in all other sections of the country should study anew—under the guidance of the health authorities and medical profession—their respective local needs in fighting syphilis and gonorrhea. They should then do their utmost quietly and persistently and reassuringly to educate the public upon the part each individual should play in the conquest of these two great plagues which have so long eluded control. By united effort to avail ourselves of the new knowledge of syphilis and the aid of the new Social Security Act, we now have it in our power to achieve the control of this disease, and to make notable gains toward the control of gonorrhea.

That is, we have it in our power *if* we do our part; but this means action. As has been said, even with federal funds available, we must work to supplement these with state and community appropriations if we are to ensure adequate supplies, facilities, and trained personnel. Recent studies emphasize this point.\* In these reports one notes, for example, such facts as one out of five among twenty-seven thousand unselected Negroes in southern rural counties were found infected with syphilis. Among groups in other areas from seven per cent to thirty-five per cent were similarly infected. Among Indians and other racial groups in sparsely settled states, the syphilis rates for impressive numbers of unselected individuals runs to five per cent or more. These figures added to the better-known findings among city populations and occupational groups show how utterly inadequate are our present facilities for finding, treating, and following up syphilis infections. Moreover, the necessary fees for treatment by physicians in private practice are beyond the possibilities of payment by large numbers of these victims. To realize this, one only has to consider that proper medical attention for a syphilis case in private practice ranges from at least one hundred and fifty to three hundred dollars or more for the first year or a minimum of two to five dollars a treatment. Even with large public grants of funds and the strictest economy it is obvious that the public health, and the medical, hospital and clinic authorities must plan carefully for the economically underprivileged, if they are to avoid the sacrifice of professional standards and essential personal attention and guidance of patients.

Doctor Parran's challenge is squarely before us—professional groups and laymen alike—Shall we stamp out syphilis? If our answer is yes, we must unite and go to work.

\* Clark, Taliaferro. *The Control of Syphilis in Southern Rural Areas*. Rosenwald Fund, Chicago, 1932.

Bromberg, L. and M. M. Davis. *The Cost of Treating Syphilis*. JOURNAL OF SOCIAL HYGIENE, October, 1932.

Thompson, Brumfield and Caldwell. *The Direct Cost of Syphilis in a Representative American City*. Am. Jr. Syphilis, Gonorrhea and Venereal Diseases, May, 1936.

Keidel, A. *Economic Aspects of the Management of Syphilis*. Arch. Derm. and Syph. 25:470, 1932.

## THE EYE IN SYPHILIS

*Prevention of Blindness and Public Health Aspects \**

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This brief discussion of syphilis in relation to the eye has been prepared because hereditary and acquired syphilis cause so much partial and complete blindness, and because the first evidence of syphilis of the nervous system is often detected in the eye. How syphilis may affect the eye, and the incidence of syphilitic eye diseases will be described. The importance of the various types of clinics in the prevention, diagnosis and treatment of ocular syphilis will be evaluated. Finally, certain preventive measures and methods of insuring adequate treatment will be discussed and a few general conclusions drawn.

### *History of Syphilis*

There are two theories in regard to the origin of syphilis. One is that it has always existed in civilized countries. The other theory is that the sailors of Christopher Columbus, after they returned from America, brought syphilis to Portugal, Spain and northern Italy. Whether we agree with one or the other theory, syphilis has probably affected the eye for hundreds of years. But even in the nineteenth century syphilis was still considered a disease of the skin. In the beginning of the twentieth century great progress was made in the diagnosis and treatment of ocular syphilis. The syphilis organism *Spirochaeta pallida* was discovered in the optic nerve of patients who had tabetic optic atrophy (death of the nerve of vision) and in the cornea (the transparent part of the eye in front of the pupil) of patients with interstitial keratitis (inflammation of the central tissues of the cornea).

\* Presented before the Annual Regional Conference on Social Hygiene, January 30, 1935, New York City, N. Y.

This study was aided by a grant from the Ophthalmological Foundation, Inc.

*Syphilitic Disease of the Eye*

*Congenital Syphilis of the Eye.*—In the eye of the syphilitic unborn baby spirochetes have been found in the optic nerve, in the coats of the eyeball, the aqueous, the external muscles of the eye and in the tissues surrounding the eye, for example, the eyelids. Symptoms of congenital syphilis of the full term newborn child usually develop several weeks or months after birth. The Wassermann test for syphilis may be negative during this period. Among the eye symptoms and signs are syphilitic disease of the skin of the eyelids, conjunctivitis (inflammation of the membrane lining the eyelids), diseases of the lacrimal (tear) passages, inflammation of the uvea (blood vessel coat of the eye), the retina (seeing coat of the eye) and the optic nerve. Interstitial keratitis, softening of the cornea, and optic atrophy are rare in newborn babies.

In congenital syphilis of the infant and young child chorioretinitis and interstitial keratitis are frequently seen. Interstitial keratitis results in poor vision and blindness. Jeans and Cooke<sup>1</sup> report that of a group of children over five years of age with clinically active syphilis 63 per cent had keratitis. It is probably wise to treat interstitial keratitis as if of syphilitic origin until this diagnosis has been disproved. The eye may also show anomalies of the pupils and accommodation [e.g., Argyll Robertson pupil (a pupil which does not respond to light), complete loss of all pupillary reflexes and internal ophthalmoplegia (loss of the pupillary reflexes and paralysis of accommodation)]; changes in the iris caused by inflammatory anterior uveitis associated with interstitial keratitis; atrophy caused by congenital differences in the nerve supply of the iris, innervational anomalies and atrophy without postinflammatory changes caused by interstitial keratitis; paralysis of the external muscles of the eye. Numerous spirochetes have been found in the external muscles of the eye in certain cases.

Manifestations of congenital syphilis may develop years after birth. The symptoms and signs of congenital syphilis do not differ from those of acquired syphilis. The family history and syphilitic vestiges (evidence of syphilitic disease, e.g., Hutchinson's teeth, rhagades, etc.) are valuable in differentiating the two conditions. In older patients congenital syphilis is suggested when there is a history of disease of long standing, scars in the connective tissue of the cornea and anomalies of the pupils and of accommodation.

Routine Wassermann tests of all pregnant women would aid in discovering syphilis. In order to prevent congenital syphilis both parents should be treated. The syphilitic mother should receive treatment during the first months of pregnancy. Antisyphilitic treatment should be administered to every full term congenitally syphilitic child, even when the chance of preserving life is slight. By treating the newborn baby before syphilitic symptoms develop, syphilitic involvement of the eyes may be prevented. The general health, nourishment and resistance of the infant should be given special care. As long as symptoms or evidences of syphilis are present antisyphilitic

treatment should be continued. In fact, treatment should not be discontinued until the spinal fluid and blood Wassermann tests are negative at repeated examinations. However, it is well to observe the effect of this treatment on the central nervous system and on nutrition.

*Acquired Syphilis of the Eye.*—Although the eyelids and conjunctiva are rarely involved in acquired syphilis, the primary lesions, so-called chancres, have been observed and serve to remind us that the infection may be spread by kissing and by contact with syphilitic secretion. Even when syphilis is acquired in this manner through external contacts, the syphilis organism may be carried through the blood stream and produce gummas of the conjunctiva, eyelid, tear sac, sclera, ciliary body, iris, orbital margins and the deep tissues of the orbit. Syphilitic disease of the tissues of the eye, especially of the cornea, iris, ciliary body and choroid, is common.

Syphilitic lesions may cause protrusion and pulsation of the eyeball and paralysis of the ocular muscles. Internal paralysis of the ocular muscles is characterized by paralysis of the muscle which contracts the iris and the ciliary muscle. Disease of the motor nerve centers in the brain may cause paralysis of one or several external muscles of the eyeball and the elevating muscle of the upper eyelid. Syphilitic lesions of the conjunctiva usually occur on the conjunctiva lining the eyelids. The affections of the eyelids and conjunctiva rarely disturb vision permanently but the gummas deep in the orbit, especially if improperly or incompletely treated, may affect the nerves which move the eyes and even the nerve of vision (the optic nerve).

When the seeing coat of the eyeball is affected by syphilis the blood vessel coat also is usually involved. In destruction of the retina or atrophy of the optic nerve caused by syphilis, the pupillary reflex to light is absent. Changes in the size and shape of the pupils are important in the early diagnosis of syphilis of the central nervous system. Rigidity of the pupil may also be a complication.

Early and energetic treatment of syphilitic manifestations diminishes the number of visual defects and may restore the normal anatomic condition almost completely.

### *Incidence of Syphilitic Infection of the Eye*

It is estimated that from 50 to 75 per cent of the syphilitic children born of infected women develop serious diseases of the eye.<sup>2</sup> In a recent study the Committee on Statistics of the Blind \* learned that 5.3 per cent of blindness among children was definitely attributed to syphilis by examining ophthalmologists of schools for the blind. However, it was believed that many cases designated as congenital blindness after more thorough investigation would be classified as due to prenatal syphilis.

At the Pennsylvania Institute for the Instruction of the Blind (Overbrook) 234 pupils were tested, and 11 (4.7 per cent) had posi-

\* Sponsored jointly by the American Foundation for the Blind and the National Society for the Prevention of Blindness.

tive Wassermann reactions.<sup>3</sup> Holloway mentioned that not a few cases of congenital syphilis fail to react positively to the Wassermann test. Guy<sup>4</sup> reported that 315 (2.1 per cent) of 15,000 eye patients had syphilitic diseases of the eye. The records of 5,392 applicants for pensions for the blind in Missouri show that approximately 15 per cent of the blindness was caused by syphilis.<sup>5</sup>

From these figures on the incidence of syphilis it is evident that this disease is not only a social problem but also an economic problem. If only a fraction of the money expended on the support of syphilitic persons were contributed toward effective prevention of this disease the percentage of syphilitic tragedies could be markedly decreased.

Cooperation of ophthalmologists and syphologists, public health nurses, social service workers and social agencies is needed to obtain reliable data on the true incidence of syphilis. If clinic records were more complete, especially the data on syphilis, and if Wassermann tests were obtained on all pregnant women or on patients suspected of having syphilis, and if social service and follow-up work were adequate, much unnecessary blindness could be prevented. In New York State, in 1930, there were only 18,000 cases of syphilis under treatment.

*Incidence of General Syphilis in Eye Clinics.*—Gratiot<sup>6</sup> believes that Wassermann tests should be made in all diseases of the eye in which syphilis may be a causative factor. In a study of 676 patients with 685 different diseases, 155 (23 per cent) Wassermann tests were positive. Patients with iritis, cyclitis, uveitis, choroiditis, retinitis, diseases of the cornea, optic nerve lesions and extra-ocular paralysis were routinely examined by the Wassermann method. Gratiot says, "Generally the patient came with the complaint of eyestrain, headache and refractive error. Among the latter 56.5 per cent were positive. A positive Wassermann was found in one fifth of the cases in diseases of the cornea. About 38 per cent of the cases of iritis were syphilitic. Of the 43 cases of primary optic nerve atrophy 31 were syphilitic, 10 of them congenital. Improvement was seen from the intravenous administration of salvarsan in diseases of the eye." Tusak advises caution in the antisyphilitic treatment of optic atrophy. Under-treatment is advised for ocular conditions but full treatment is necessary for syphilis of the central nervous system. Since the prognosis for the optic nerve is bad, the prevention of taboparesis is the result to be desired (Behr).

### *The Rôle of General and Special Clinics in the Diagnosis and Prevention of Ocular Syphilis*

*Prenatal Clinics.*—In the prenatal clinic the expectant mother receives appropriate instruction in hygiene. An average of ten per cent of the women attending prenatal clinics have positive Wassermann reactions. In various prenatal clinics the figures range from three to thirty per cent.<sup>7</sup> Routine Wassermann tests of a group of 2,559 pregnant women showed that 4.4 per cent were syphilitic. In

another group of 19,411 pregnant women in which blood tests were not made routinely, 0.06 per cent were found to be syphilitic. Blood tests were made only on clinical signs or history of syphilis.<sup>8</sup>

The necessity for prenatal clinics and routine Wassermann tests of all pregnant women is evident after a study of the following statistics on the prevalence of syphilis in newborn children in St. Louis, as recorded by Jeans and Cooke:<sup>9</sup> 2.8 per cent of all infants, 15 per cent of negroes, 1.8 per cent of poor white and 1 per cent for well-to-do white children. Jeans' and Cooke's figures agree with Stokes'<sup>10</sup> statement that of the children of our city populations approximately three per cent have congenital syphilis. Approximately two per cent of all children have congenital syphilis.<sup>2</sup>

Carris<sup>7</sup> reports that Mayor La Guardia of New York in 1934 modified the hospital department regulations to permit women who have already had prenatal examination and advice, to be admitted as city patients to the maternity wards of private hospitals.

Through the coöperation of social workers and physicians more women will attend prenatal clinics. The social worker can explain the necessity of a routine blood test. Dissemination of public health information in regard to syphilis should reduce the prevalence of this disease.

As progress is made in getting the public to consider syphilis in the same scientific manner as other diseases and to discard the idea that syphilis occurs only as the result of a sinful life it can be treated more effectively.

*Eye Clinics.*—There is no doubt that one of the most important factors in the diagnosis, treatment and prevention of serious, late general and ocular complications of syphilis is the eye clinic. Here the early signs of syphilis should be detected and the case should be followed until a cure is effected.

*Early Diagnosis of Syphilis in the Eye Clinic.*—Unfortunately because numbers are seldom limited and a minimum routine examination is rarely insisted upon<sup>11</sup> early signs of syphilis are often not discovered. The history seldom includes questions which will aid the diagnosis of congenital or acquired syphilis and a definite place for recording the laboratory findings is rarely furnished. Social workers and nurses can assist physicians by keeping careful and complete records of prenatal syphilitic patients.

If a diagnosis of ocular syphilis is made, the patient is likely to be referred to another hospital for treatment. Unfortunately, this treatment is usually haphazard and inadequate. The patient may attend the syphilis clinic but frequently he does not return to the eye clinic for observation. Therefore, the ophthalmologist seldom follows the progress of the eye condition or treats the eye complication as well as he should.

In most clinics social service and follow-up are inadequate even for the eye conditions which may result in blindness.<sup>12</sup> Syphilis is

seldom given special consideration although Carvill and Derby<sup>13</sup> made an excellent study of interstitial keratitis in the Massachusetts Eye and Ear Infirmary.

*The Special Syphilis Clinic.*—In the majority of syphilis clinics no special effort is made to detect early syphilitic involvement of the eyes. A study of fifty-two clinics in Greater New York<sup>14</sup> indicates that the antisyphilitic treatment administered is haphazard. In twenty clinics treatment of early syphilis was continuous while in twenty-seven there were rest periods. In eleven clinics, treatment of early syphilis was given for varying periods up to one year, and if negative serologic tests had been obtained over a period of three months, treatment was discontinued. In sixteen clinics treatment was given up to one and one-half years regardless of the results of serologic tests. However, the various plans of treatment usually provided for from 30 to 40 intravenous injections of an arsenical and an equal or greater number of injections of a heavy metal.

In seven clinics physical examinations seemed to be thorough; in twenty-nine they were limited, as were the records of such examinations. Physical examinations and especially urinalyses were not made in some clinics. In sixteen clinics referring departments had made the examinations but the records had not been transferred to the department treating syphilis. In many clinics the records consisted largely of notations of injections with dosage and dates, with few or no progress notes. Goldberg<sup>15</sup> found that the incompleteness of clinic records interfered seriously with the study of records of syphilitic patients in seven hospitals in New York City.

A survey of syphilis clinics in New York City showed that because of the high cost of treatment, the number of patients in pay clinics had steadily decreased during the last few years and those in free clinics had increased correspondingly. Some clinics find it difficult for financial reasons to treat the large number of syphilitic patients who pay no fees. The Board of Health has approved the plan to distribute arsphenamines free of charge to private clinics in New York City.

### *The Prevention and Treatment of Syphilis of the Eye*

**1. Laws in Regard to the Marriage of Persons with Hereditary or Communicable Disease.**—Twenty-three states attempt to prevent the marriage of persons infected with venereal disease, in one or more of three ways:

Group 1. By requiring the male applicant for a marriage license to file a medical certificate showing freedom from venereal disease: Alabama, Connecticut (both male and female), Louisiana, North Dakota, Oregon, Wisconsin and Wyoming.

Group 2. By requiring both applicants for marriage licenses to file personal affidavits of freedom from such infection, or Group 3—by prohibiting the marriage of infected persons: Delaware, Indiana,

Maine (syphilis only), Michigan, Nebraska, New Hampshire, New Jersey, New York, North Carolina, Oklahoma, Pennsylvania, Texas, Utah, Vermont, Virginia, Washington.

All ophthalmologists and other groups interested in the prevention of blindness should study the working out in practice of laws to prevent the marriage of syphilitic persons, and the possibility of improving and extending such laws if found socially desirable.

2. *Extragenital Infection of the Eyelids and Conjunctiva.*—Elimination of the common towel and common drinking cup and improved sanitation for restaurants, food counters and especially soda fountains would decrease the number of extragenital syphilitic infections, and possible risks to the eye. Education regarding the danger of transmitting the disease by kissing, and less frequently by means of contaminated tissues and articles would be of value. Treatment should be early and adequate and controlled by follow-up work.

3. *Genital Infection.*—Education in regard to the danger of infection and the methods of prophylaxis and the establishment of prophylactic stations are important factors in prevention. In clinic and office treatment it is important to make routine examinations to detect syphilis. Adequate follow-up will insure completion of treatment not only of the eye but of the general disease.

4. *Cooperation of Various Agencies.*—In order to treat interstitial keratitis and other syphilitic ocular diseases properly the ophthalmologist and syphilologist must cooperate with each other and with interested organizations.

In the report of the Advisory Committee of Consultants to the United States Public Health Service (1936) it was recommended that each State, large municipality or health district should have a venereal disease program under a full-time venereal disease control officer, and that this program should include: adequate diagnostic services; efforts at case finding and holding; securing or providing treatment for (1) syphilis in pregnant women, (2) early syphilis in young married men and women, (3) for syphilis and gonorrhea in children, (4) for early gonococcal infections of young married men and women, and (5) for other cases of syphilis and gonorrhea as drugs and personnel permit; information for the general public about these diseases; reporting of cases and collection of other data; and research and demonstration activities relating to control of syphilis and gonorrhea. Such a program will require the active cooperation of many agencies and should aid materially in the prevention of syphilitic diseases of the eye.

5. *Cooperation of the Social Worker and Public Health Nurse in Preventing Ocular Syphilis.*—The social worker who is dealing particularly with the blind or with eye cases should be especially well informed concerning general and ocular syphilis and endeavor to aid in the early diagnosis and treatment of this disease. The social worker and public health nurse should interpret to the patient the relation of syphilis to the eyes. The need of prolonged treatment by a

syphilologist should also be made clear.<sup>16</sup> During the long period of treatment she may assist in sustaining the morale of the patient, in improving hygiene, and by offering suitable opportunities for education to children whose vision is already affected. When syphilis is found in one member of a family, serious complications may sometimes be prevented in other members of the same family by careful studies of their blood.

Many patients, after having been treated for a period of time and seeing no external evidence of the disease, fail to continue medical treatment. They do not know that the tissues of the eye, like the tissues of the spinal cord and central nervous system, are most susceptible to infection and suffer from the accumulation of toxic substances, which at times may not be easily recognized for 20 to 30 years after the onset of the infection.

*6. Prevention and Treatment of Congenital Syphilis.*—Holloway<sup>2</sup> estimates that 75 per cent of congenitally syphilitic persons sooner or later show definite ocular evidence of syphilis. The child may be born with normal sight but with this disease congenitally present; because of this condition vision may become slightly more impaired each year during childhood and youth. Children, who for any reason are suspected of having congenital syphilis, should be kept under careful supervision and every precaution should be taken to control the disease. The congenitally syphilitic child may have certain characteristics which are easily recognized such as the stature, shape of the head, formation of the teeth, etc., but in many instances no cranial or facial stigmas are evident.<sup>17</sup> But naturally the treatment of the syphilitic mother in the prenatal clinic or by her physician is most important in the prevention of congenital ocular syphilis.

*7. Prenatal Care of Syphilitic Mothers.*—Every expectant mother should be examined as early as possible in pregnancy. A Wassermann test should be made. If syphilis is present proper treatment may prevent eye defects in the child. The mother must realize that infection may persist although the outward signs of syphilis have disappeared. The treatment of syphilis is a long procedure.

The program of a joint campaign by the American Medical Association and the National Health Council for the prevention of congenital syphilis stresses: (1) that physicians be instructed in regard to the diagnosis of syphilis in pregnancy and be able to administer the necessary treatment and (2) that the public should be taught the value and the necessity of serologic tests in pregnancy.<sup>18</sup>

*8. Adequate Treatment of All Cases of Syphilis.*—If all cases of syphilis could be adequately treated and followed up over a period of years there would be little congenital syphilis. Improvement in the treatment of nearly all types of syphilis is an urgent need, especially the improvement of present clinic practices.

*Summary and Conclusions*

1. Because syphilitic disease of the eye causes so much blindness that is preventable, ophthalmologists, syphilologists and social agencies should cooperate with national and regional public health services in combating syphilis.
2. Because the diagnosis of syphilis is often difficult complete histories, thorough physical examinations and routine Wassermann tests are essential if syphilis is to be controlled in the early stages when treatment is most effective. In order to prevent syphilis of the eye it is particularly important to have routine Wassermann tests performed on all pregnant women.
3. Examination of the cerebrospinal fluid should be made more frequently in order to detect the presence of any disease of the central nervous system, the treatment of which would prevent eye complications.
4. Complete clinic and office records will permit the compilation of valuable data on syphilis. This information will indicate what preventive measures are necessary and how present practices in the treatment of syphilis may be improved.
5. Dissemination of information in regard to syphilis, cooperation of ophthalmologists and syphilologists, prenatal care of syphilitic mothers and early treatment of congenital and acquired syphilis will reduce the prevalence of syphilis of the eye and the number of visually handicapped children and adults.
6. Special eye hospitals should establish clinics for the treatment of syphilis. When cases are referred to other hospitals, the general disease is often treated incompletely and the eye complications are usually neglected. As such treatment is not controlled by observing the eye symptoms and signs, partial blindness or damage to delicate eye structures sometimes results.
7. Adequate social service and follow-up work should be instituted in all hospitals and clinics to insure completion of treatment and thorough study of the eye lesions so that treatment may be continued and eye complications which may result in blindness may be prevented. This is especially important in diseases of the optic nerve which may be injured by certain drugs.
8. If boards of health provided better facilities for the treatment of syphilis and furnished antisyphilitic preparations without cost to certain hospitals and clinics, many cases could be more completely treated. These measures would result in the prevention of many eye complications which often result in blindness.
9. Regulation of fees would permit many patients who are unable to afford medication to receive or continue treatment.

10. Laws should be passed in every state requiring that the issuance of marriage licenses shall be contingent upon the presentation of adequate assurance that no serious contagious or hereditary transmissible condition exists in either of the persons proposing to marry.

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It is a pleasure to acknowledge my indebtedness to Miss C. Edith Kerby, Dr. Jacob A. Goldberg and Dr. Ervin T. Tusak for their assistance in compiling the data for this paper and for many valuable suggestions.

## LATE LATENT SYPHILIS—A PROBLEM AND A CHALLENGE

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This article was originally planned as a plea for a solution of a neglected field of syphilis control in February, 1935, in a period which happily we may soon be able to look back to as the culmination of the recent dark ages of syphilis control. At that time, there was apparently lessening interest being shown in solving any of these problems throughout the country, and the curtailment of budgets resulting from depression in many cases helped to diminish greatly the already totally inadequate funds then available.

Much water has flowed under the bridges during the past twenty months. There has been an improvement in the general economic situation. A new Surgeon General of the United States Public Health Service has been appointed who is especially concerned about syphilis control and who has inspired the leaders of public health with a renewed interest in this phase of preventive medicine. Last of all, but not least, money obtained from the National Social Security Act has been made available to the states and cities through the Public Health Service and other federal agencies. It has thus become possible for many communities to increase their syphilis control budgets; and finding an adequate solution for the problem here presented again becomes of great importance. Much still remains to be done in order that treatment may become available for all types of syphilis and permanent benefit may accrue to the health and economic well-being of the community.

There is a tendency among health officials to divide cases of syphilis into two distinct types. In the first group are included cases in the early stages of the disease—patients who are infectious or potentially so. Most health departments take an active interest in this group. In the second larger group there are included cases that are relatively non-infectious. Health departments often feel that they should not

be held directly responsible for the latter type of cases; these patients are even refused treatment at health department clinics where budgets are limited and are referred to pay clinics, to private practitioners or to welfare agencies. But many of the patients suffering from late latent syphilis cannot afford, under the stress of existing economic conditions, even nominal fees. Hospital dispensaries, even when present in a community, have usually had their own budget troubles and are therefore forced to turn away this group of cases. Private physicians cannot be expected to treat patients without any compensation or payment for drugs over a long period of time. It follows that such patients after one or two rebuffs realize that they belong to the group of forgotten and unwanted men and women and try to forget their plight as best they can.

It may be of interest to visualize the part the old, untreated case of syphilis is destined to play in the next decade. From 10 to 12 per cent will become residents of insane asylums and chronic hospitals and at least another 10 to 15 per cent will be incapacitated due to cardio-vascular and other complications. They will form a major item in the tax burden of the future—far exceeding the cost of preventive treatment. This, then, is the picture of a condition which society cannot escape but so far has refused to face.

There are several possible points of view regarding the solution of the problem of the case of late latent syphilis. In the first place it should be realized that the treatment of an old case of syphilis differs both in method and objective from that of an early case. In late latent cases the treatment objective is not a cure, but an attempt to arrest the progress of the disease, to make the patient physically comfortable and to enable him to earn a living. This may be accomplished with less intensive treatment than is advisable in early cases. Treatment of this group may also prevent the infection of others in a number of instances. This is indicated by the fact that not infrequently the names of persons not eligible for treatment are given as contacts by early cases.

In treating this group of cases judgment rather than routine handling is required of the attending physician. In large cities where hospital clinics connected with schools of medicine are available, these cases would probably receive better treatment at such dispensaries. There are unfortunately few such favored localities throughout the country. Of course, the wisdom of dividing responsibility in regard to treating cases of syphilis should be considered. Under most conditions it would probably be less expensive to have all treatments given under the auspices of one agency, as this would tend to reduce the expenses incurred by a duplication of personnel. Whatever solution is ultimately found it should be made possible for every syphilitic to obtain treatment on demand irrespective of age, color, race or stage of the disease.

In view of the present discussion it may be of interest to refer to the steps which had to be taken by the Baltimore City Health Department in order to meet the problem of syphilis control in the face of

the economic depression. The number of luetic cases treated at the free city clinics increased from 2,554 in 1931 to 3,936 in 1932; the number of treatments given increased from 36,319 to 48,190 for the corresponding years. This increase was the result of several factors. More patients than ever before were unable to pay the fees of the private physician and hospital dispensaries. These patients were referred to the city clinics as a last resort. By the end of 1932 it became impossible for the physicians in the Health Department clinics to cope with the situation and the matter was referred to an advisory group consisting of Dr. Allen W. Freeman, Dr. J. Earle Moore, Dr. Alan Chesney and others. The committee formulated a series of regulations under which certain selected groups only were considered acceptable for treatment. Under these regulations the Health Department decided to accept for treatment:

1. All primary and secondary cases.
2. All cases of early latency. By this was meant a case which gives a definite history of an initial lesion within the preceding three years before being referred to the city clinic.

In cases where no history of initial lesion can be obtained, cases were accepted under the following conditions:

1. All women under 40 years of age.
2. All men under 25 years of age.\*

It was considered that these regulations were sufficiently broad to include most of the cases in which a health department must be interested because of possible communicability.

### *Results of Regulations*

The selection of certain types of cases for treatment has now been in effect since 1933 and it is therefore possible to point out some of the consequences of this policy. No late latent cases of syphilis are now being treated. As a result, the total number of syphilis cases have been reduced from 5,950 in 1933 to 4,082 in 1935. During this time, treatments increased from 62,949 to 68,385. It has been conservatively estimated that 900 patients were refused treatment during 1935. Of these cases, it can be expected that in due course of time at last twelve per cent will enter insane hospitals and ten per cent will probably become charges on the public purse because of cardiovascular complications. In a recent study of the cost of syphilis to the citizens of Baltimore, it was estimated that the average cost of a case which through lack of treatment is permitted to go to the ultimate stages of cerebrospinal syphilis is \$155.50, which was accounted for by 164.8 hospital days. The estimated cost to the city of a late case of syphilis which had progressed to the point where serious cardiovascular lesions developed was \$80.33, which was accounted for

\* *One Hundred and Nineteenth Annual Report of the Department of Health, 1933, p. 92.*

by 22.4 hospital days.\* If these estimates are sound, the ultimate cost to the citizens of Baltimore for taking care of 108 cases of cerebrospinal syphilis would be \$16,794.00 and the loss incurred by taking care of 90 cardiovascular cases would amount to \$7,229.70. The economic loss previous to the final breakdown in the patient has not been taken into account.

It seems apparent that the number of late latent cases of syphilis will appear to increase as education takes hold and the community becomes more syphilis-minded. Already numerous manufacturing plants require a negative blood test as a prerequisite to employment. It is also true that many private employers are taking a new interest in the state of health of their domestic help. Finally, when all private physicians and hospitals include a routine Wassermann test as a part of every physical examination, still more cases will be brought to light.

### *Summary*

The effect of a selective policy regarding the types of patients accepted for treatment by a city health department has been discussed. It has been shown that such a policy is only warranted as an emergency measure under exceptional conditions and lack of money, because in the opinion of the author it will tend to promote a progressive increase in the tax rates of future years. The need for an early solution of this neglected field of syphilis control has been shown.

\* Thompson, W. C., Brumfield, W. A., Caldwell, Lucille, *The Direct Cost of Syphilis in a Representative American City*. American Journal of Syphilis, Gonorrhea and Venereal Diseases, Vol. 20, No. 3, page 243, May, 1936.

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### **Syphilis is Unnecessary**

“Is there a man or woman in the United States who would not pay 20 cents a year to wipe out the scourge of syphilis?

“The United States Public Health Service . . . needs a \$25,000,000 appropriation from the Federal Government to fight syphilis. That is less than 20 cents per capita.

Our experience with the A.E.F. and the success achieved in other countries shows that syphilis can be reduced from a major plague to an uncommon ailment. We have more than a million new cases a year. Our rate of syphilis infection is forty times greater than that of countries where prudery is no longer permitted to interfere with medical science. Sweden is an example of what can be done in combating the disease. Had we been as vigilant as the Swedes, we would have less than 9,000 cases a year instead of more than 1,000,000.

Polite taboos aside, we could deal with syphilis far more effectively than with tuberculosis. We know far more about syphilis than about cancer. It would be dreadful if we had no means to curb so insidious a plague. It is criminal that we have the knowledge but make so little use of it.”

*New York Post*, in an editorial

## NEW YORK CITY REPORTS PROGRESS

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Each week, nearly a thousand newly diagnosed cases of syphilis are reported to the New York City Department of Health. This means over 50,000 per year, but this is only a small part of the vast number in our population. If the prevalence rate of syphilis in New York City is as high as that of the United States as a whole, we must assume that there are in New York City about 378,000 cases—in other words about 5 per cent of the entire population. When the dangers of syphilis to the individual and the community are considered in addition to its wide-spread distribution, we have some conception of its urgency as a public health problem.

At present our best hope of eventual conquest of syphilis and of relief from the burden of its care appears to lie in the fact that syphilis can be rendered non-infectious by treatment. This is the foundation upon which has been built the success that has thus far been attained—success that is brilliant though limited to but a few small countries. In Denmark, a country having about half the population of New York City, syphilis has been reduced from about 700 per 100,000 in 1885 to 35 per 100,000 in 1935. Syphilis is now about as uncommon in Copenhagen as typhoid fever is in New York City. In Sweden the highest prevalence rate recorded was in 1919 when an explosive epidemic carried the rate to about 600 per 100,000. In 1934 it had fallen to 43. Great Britain has apparently reduced the number of cases of syphilis by one-half since 1920, the highest point. In each of these countries the essential factor in achieving success appears to have been the treatment of infectious cases to render them non-infectious.

We have in New York City almost 14,000 licensed practitioners of medicine. I maintain that these physicians constitute the shock troops in our battle against syphilis, more

valuable than all the many clinics and hospitals, voluntary and official, in the city. Private practitioners collectively, see or have the opportunity to see more cases of syphilis than all the institutions combined, for these cases, many of them unaware of luetic infection, are visiting general practitioners and specialists for every malady to which the flesh is heir. More general use of modern diagnostic procedures, and a "lower threshold of suspicion" of syphilis would lead to the discovery of many thousand more cases of syphilis, and the treatment of these cases, to the enormous benefit of the public health and the profit of the profession.

### *The Immediate Objective*

Therefore, the immediate objective of the New York City Department of Health is to aid private physicians in discovering, treating and controlling syphilis among patients who go to private practitioners. The practical aids which the Department of Health proposes to offer may be briefly described, as follows:

#### *1. Diagnostic Services:*

The Department of Health laboratory performs serologic tests for syphilis without charge, (215,000 specimens tested last year). At every one of the fourteen diagnostic centres blood specimens are taken for private physicians on request. Expert darkfield examinations and diagnostic consultations are offered in these centres, the reports being sent directly to the physicians. These diagnostic aids are available for all types of syphilis, and physicians are invited to use this service freely without fear of losing their patients.

#### *2. Treatment Services:*

In order to enable private physicians to care for a larger number of patients having syphilis, especially that large body of individuals who cannot pay the full regular fee, the Department of Health using Social Security funds provides neo-arsphenamine, bismuth or mercury in amounts sufficient for one year of the treatment in accordance with modern therapeutic methods. These drugs are supplied free upon request without distinction as to the patient's ability to pay the physician a full fee or any fee for his service. This enables private physicians to give medical care to many patients who can pay only a small fee—fees comparable with those charged by many so-called "pay clinics". Judging from the numerous requests received by the Department of Health there are many physicians who are happy to treat certain patients free of charge if the necessary drugs are supplied. Because the funds for this purpose are limited, drugs are provided to private practitioners only for the treatment of early syphilis, syphilis in pregnancy, and congenital syphilis. Later it is

hoped that the same assistance may be extended to all cases of syphilis found under private medical care. Physicians willing to cooperate with the Department of Health in the diagnosis and treatment of syphilis are asked to report their cases at the time of requesting drugs, if they have not already done so, and supplies are furnished in four allotments—each sufficient for three months of continuous modern treatment. Every effort is made to supply the drugs of the physician's preference and by a system convenient for the practitioner. It should be understood that the Department of Health does not require the physician to state that his luetic patient is indigent or unable to pay a fee for medical service, nor does the Department suggest any schedule of fees which the physician should charge if he uses drugs furnished by the Department. It is anticipated, however, that where a patient is able to pay the full specialist fee for medical care, few physicians will wish to administer drugs obtained at public expense.

Upon request, the services of especially selected and trained nurses are available to follow up lapsed cases reported by physicians, the nurse for the time being working under the direction of the physician reporting the lapsed case. This is an important feature of the plan since by sufficiently sustained treatment syphilis may be rendered permanently non-infectious and in many cases a clinical cure may be achieved.

### *3. Epidemiological Service:*

After a case of syphilis has been brought under treatment, the next most important duty is to answer the question, "From whom did the patient acquire the disease and to whom may he or she have transmitted it?" This in substance is the epidemiology of syphilis. In early syphilis, syphilis in pregnancy, and congenital syphilis, we have our best opportunity for epidemiologic work and many physicians in their daily practice are doing excellent case-finding work with patients of these types. The Department of Health will soon offer its services to aid the physician in finding the source of infection of the patient having early syphilis, syphilis complicating pregnancy or congenital syphilis. For this service a group of physicians will be employed and specially trained. The Department will make their services available to physicians requesting drugs and to any other physician who wishes the cooperation of the epidemiologist in finding sources of infection and in bringing them under treatment, but in no cases will action be taken without the approval of the physician with whom we are cooperating. Where this plan has been in operation about 25 per cent of the sources of infection have been brought under medical care, through the cooperation of the private physician and the epidemiologist.

### *4. Educational Activities:*

The New York City Sanitary Code requires that every person found by a physician to have syphilis or gonorrhea shall be given a pamphlet of instruction with regard to his infection and the protection of contacts. The Department of Health furnishes this pamphlet to physicians and clinics. New editions in appropriate foreign languages are being prepared. The Department also cooperates in making post graduate instruction available to physicians, bringing

to their attention the most accepted modern ideas and methods of diagnosis and treatment of syphilis.

#### *5. The Reporting of Syphilis:*

In reporting a case of syphilis or gonorrhea or other communicable disease to the Department of Health a physician renders a valuable public service. It would be appropriate in New York City as in Great Britain to compensate the physician for this report, and if funds were available, I should be glad to see this done. The least that the Department of Health can do, it seems to me, is to make reporting convenient and free even of the cost of postage. A plan to that effect will soon be placed in operation in New York City. All the physicians will have to do is to fill in the facts, slip the form into an envelope provided by the Department of Health and deposit it in the post box. Reporting by initials and address is permissible, and I wish to emphasize that all reports are strictly confidential, and are kept under lock at the Department of Health. Direct reporting by a physician is of great service to the Department and will be of greater service as our plans get under way, for this source of information will be taken into account in judging the progress of our fight against syphilis.

The plans discussed above are subject to modifications as the need and recommendation of physicians may indicate. These measures should enable private physicians to participate more fully in the attack on syphilis and bring them to the front as auxiliary health officers.

#### *Voluntary Hospital Clinics*

The fifty clinics of voluntary hospitals in New York City should play a more important part in the fight against syphilis. Many of these clinics would be willing and able to provide treatment without charge for a larger number of poverty stricken patients if drugs were supplied by the Department of Health. To clinics which charge only low fees—fees that cannot possibly compete with those of private physicians, the Department of Health now provides drugs to enable them to care for indigent luetic patients. In this manner, facilities are increased and brought closer to those who need them.

The Sanitary Code regulates the conduct of these clinics and requires the maintenance of certain standards including adequate personnel for the follow-up of cases. After clinics have exhausted their resources in endeavoring to return lapsed infectious cases to treatment or to bring sources of infection under control, the Department of Health now employs its legal authority to seek out such uncooperative individuals and bring them under medical care.

#### *The City Hospitals*

The provision of treatment for syphilis in indigents and others who cannot pay, whether this treatment be ambulatory or in-patient is primarily the function of the various tax supported hospitals of the city. In spite of the best efforts of the Department of Hospitals and although progress has been made in 1936, the facilities are still very far short of the needs of the city, especially in respect of bed accommodations. The greatest single need in New York City, it is believed,

is more bed accommodations for infectious cases of syphilis and gonorrhea whether they be voluntary admissions or legally removed by the order of the Health Department. In the New York City fight against syphilis, scarcely any more important development has occurred than the provision of funds for the payment of physicians rendering medical services in the syphilis and gonorrhea clinics of the city's hospitals. This will result, it is believed, in much more and much better service for the infected poor.

The relation of the health authority to the City Hospital clinics is defined by the provisions of the state law and of the Sanitary Code. They provide for the follow-up by the Department of Health of lapsed infectious cases and sources of infection and give the Department power to require examination and treatment if indicated. Certain City Hospitals receive and give medical care to infectious cases of syphilis and gonorrhea removed to them by the authority of the Health Department. Neither the private physician nor the hospital whether voluntary or official has the authority to detain forcibly a case of infectious syphilis or gonorrhea. But by bringing such a case to the attention of the Department of Health appropriate action can be and is promptly taken for the full protection of the public health, and such cases are received by a city hospital designated by the Board of Health. More use should be made of this authority vested in the Department of Health, but more bed accommodations are needed before the laws can be used to the fullest extent for these quarantine procedures.

### *The Department of Health*

The Department of Health has primarily the duty of promoting, directing and aiding the attack on syphilis as a communicable disease. As a matter of sound policy it may work through other agencies both official and voluntary to gain its ends. It must supply deficiencies. Thus for the present it is obliged to supply a part of the treatment facilities for the very poor and it now maintains seven treatment centres all of which are crowded to capacity with the unemployed and other very poor infected persons. Still more treatment facilities are badly needed, though it is hoped that the larger participation of private physicians, voluntary hospitals, and the increased services of the Department of Hospitals will partly meet this need. When the Department of Health can properly close its treatment clinics it will do so, believing that treatment can eventually best be carried out in and by the city's hospitals.

No permanent service of the Department of Health is more important than that of instruction of the public with regard to syphilis. An encouraging start has been made especially in cooperation with the liberal press of New York City. Diagnostic services and consultations are believed to be permanent case-finding functions, so long as syphilis remains a major health problem. The epidemiology of syphilis is a permanent obligation and the epidemiological service should be rapidly developed, for by finding and treating the infectious cases, syphilis can be brought under control.

The Bureau of Social Hygiene in the Department of Health was created by Health Commissioner John L. Rice on October 1, 1935.

The following progress report indicates—(a) the increase in the city budgetary funds for control of syphilis and gonorrhea by the Department of Health; (b) the increase in clinic services; (c) the increase in the number of treatments given from 1933 to 1936, inclusive:

Year	Budget	Clinics	Treatments
1933	\$118,810	5 diagnostic and treatment	2 diagnostic 128,948
1934	\$131,000	5 diagnostic and treatment	2 diagnostic 159,560
1935	\$180,000	6 diagnostic and treatment	2 diagnostic 191,192
1936	\$254,680	19 diagnostic and treatment	7 diagnostic <sup>1</sup> 292,914

<sup>1</sup> Includes 3 new W.P.A. clinics.

<sup>2</sup> Estimates on basis of 6 months experience.

In addition to budgetary funds, the Department of Health cooperates with the W.P.A. in a project for the diagnosis and treatment of syphilis and gonorrhea. The expenditure of W.P.A. funds amounts to about \$17,000. per month or \$204,000. per annum. Through the Security Act funds, amounting to \$50,000. per annum, drugs are being supplied to private physicians and voluntary hospital clinics for the treatment of syphilis, and personnel for epidemiological work are soon to be employed.

The following figures denote progress:

*Bureau Personnel and Services*

	Oct. 1, 1935	June 1, 1936
Civil Service .....	66	96
W.P.A. .....	20	124
No. of clinics.....	8	14
No. of sessions.....	49	76

(since June 1st, 12 additional sessions per week have been established)

During the year 1935, 13,711 individual patients were given treatments in our clinics. During the year 1936,\* the number was 20,590, an increase of 50%. During the same period there was an increase of 41% in the number of cases of syphilis and of 25% in the number of cases of gonorrhea under treatment by all sources in New York City.

The number of reported cases of syphilis has increased 50% from 42,315 in 1932 to 67,010 in 1936. Five years ago the Health Department was responsible for only a comparatively small percentage of the total number of cases discovered; in the period 1932-1936 department clinics have increased their case finding by 260%. It is significant to note in this connection that the total number of individuals under treatment for syphilis in department clinics has increased by only 82% within approximately the same period. Two simultaneous successes in department procedure have thus been scored; first, great increase in case finding; second, disposal of the majority of these cases to private physicians and non-department clinics.

Without expecting miracles, but anticipating that the changes will be indicated as we progress, we believe that a start in the right direction has been made and that with the cooperation of our colleagues in private practice and in hospitals, we will, if we persevere, see a radical reduction in the prevalence of syphilis and in the disasters which it causes.

\* Estimate based on eleven months experience.

## TRACING THE SOURCE OF INFECTION IN SYPHILIS

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The most effective means of combating a disease, in the light of epidemiological experience, is through control of the sources of infection. This is especially true of syphilis, owing to the long period of infectiousness and the sexual promiscuity of many of those infected. Unless adequately treated the syphilitic remains a potential source of infection over a period of years, until time renders him non-infectious. Prostitution, either openly organized or clandestine, is still a major source of the 518,000 new infections under medical care for the first time each year in this country, particularly among men. The eradication of syphilis indirectly by legislating against prostitution, however, has not been strikingly successful. Furthermore, little or no control can be exercised over the increasing number of sexual contacts among promiscuous persons both men and women. A more logical approach seems to be through the detection and treatment of the individual infected with syphilis.

The social service worker, lacking police authority, is frequently unable to trace and bring under treatment infectious sources, particularly among prostitutes. Often the patient with syphilis either through shame or in the desire to protect others will not divulge to the worker the names of his sexual contacts. On the other hand, police methods of investigation are often superficial and ineffective because the officer lacks the medical knowledge and social service approach. Sometimes, however, patients realizing the authority vested in the officer reveal to him information withheld from the social service worker. The use of police power is necessary in tracing sources and investigation among prostitutes. While both social service and police methods of tracing contacts and sources of infection achieve a modicum of success, a coordinated system of follow-up, utilizing the most desirable features of each method is more effective. This system has been used most effectively in the syphilis clinic of Stanford University Medical School during the past few years.

The California law specifies that cases of syphilis are to be reported to the local health authorities by identification number only. The

name and address of the patient are reported only if he subsequently becomes delinquent in treatment. In San Francisco wide powers are given to the Department of Public Health to investigate, examine, quarantine, and treat individuals who are suspected as being sources of infection. Suspected sources, refusing to submit to investigation, may be brought in on a vagrancy charge, sworn to by the infected person.

On the first interview with the social service worker the infected patient is questioned regarding sexual contacts prior to and following the supposed time of infection. If the exposures have been multiple and the patient does not know by whom he was infected, all contacts are investigated. He is advised to send those exposed to the clinic for serological and physical examination. If the contacts do not report to the clinic within a week the social service worker makes a visit to explain the importance of the examination and tests, without revealing the nature of the suspected disease. If no response is made to this request the worker sends the name and address of the suspected persons to the Bureau of Communicable Diseases of the San Francisco Department of Public Health. If the source is a prostitute, and the patient does not know the name, he is asked to give the address of the house, the date and hour of exposure, and to describe as best he can the woman from whom he acquired his infection. All sources and contacts reported to the Department of Public Health are referred to an un-uniformed inspector detailed for follow-up work by the Police Department. The inspector works for the most part in conjunction with the social service worker in the tracing of sources and contacts. Frequently, as the social service worker gains the confidence of the patient, information withheld at the first interview is divulged. This she communicates to the inspector as an aid in tracing the infective source. The inspector at frequent intervals reports to the worker in person and by letter the progress being made in the investigations. Sources and contacts located by the inspector are sent to the Department of Public Health for a blood Wassermann and physical examination. Cases infected by out of town sources are reported to the Board of Health of the city where infection is alleged to have taken place.

Many times patients refuse to divulge information regarding their sexual contacts, or give misleading data to the social service worker. The psychological effect of police investigation frequently results in the patient's revealing information not obtainable by the social service worker.

During the past two years, 244 cases of primary and secondary syphilis were examined in the out-patient department. Of this number 177 were men and 67 were women. In 46, or 26 per cent of the 177 men, the source of infection was located and brought under treatment. Twenty-five of these received their infection from inmates of houses of prostitution or street walkers. Seventeen were infected through clandestine and four by marital contacts. Of the sources obtained but not located, 60 were infected by prostitutes, 37 by clandestine exposures (dance-hall girls, "pick-ups," etc.), and five

by homosexual contacts. Only 28 of the 177 men could or would not reveal the source of their infection. Among the 67 women with primary or secondary syphilis, ten were prostitutes who could give no information regarding the source of their infection, ten were infected through clandestine contacts in which the source was located, and 19 of the women were infected by their husbands. Seventeen were infected from clandestine sources which could not be located, and 11 could not or refused to name the source of their infection. Comparative percentages are given in Table I.

TABLE I

*Sources of Infection in 244 Cases of Primary and Secondary Syphilis*

	Men Per cent	Women Per cent
Prostitute (examined) .....	14.1	48.0
Prostitute (history) .....	33.9	...
Casual contact or acquaintance (examined) ..	9.6	14.9
Casual contact or acquaintance (history) ....	20.0	25.3
Homosexual (history) .....	2.8	...
Marital (examined) .....	2.2	28.8
Unknown .....	17.4	31.0

Of the 177 men in this survey, 48 per cent were infected by prostitutes, while 29.6 per cent were infected through clandestine contacts, 2.2 per cent were infected by their wives, and 2.8 per cent through homosexual contacts. Of the women, 40.2 per cent were infected through clandestine exposure, and 28.8 per cent by their husbands. The source of infection was undeterminable in 17.4 per cent of the men and 31 per cent of the women. The source of infection was located in seventy-six or 31 per cent of the 244 men and women with primary and secondary syphilis included in this survey. The percentage of sources obtained is in inverse proportion to the duration of the infection. In patients with primary syphilis the source was located in 30 per cent, while in those first seen during the secondary stage the sources could be traced in only 22.3 per cent of the cases.

Another important factor in the control of syphilis is the tracing of the sexual contacts of the patient following infection. By the same method of follow-up, 121 persons sexually exposed to the 244 infectious syphilites in this survey were located and examined. Of these thirty-eight, or 31.4 per cent, were found to be infected with syphilis.

Through the cooperative social service and police follow-up of the 244 cases in this survey, 113 additional infections were discovered. Many of these were not aware of their infection and consequently would have received no treatment. As the period of infectiousness in untreated syphilis persists up to five years, the many sexual contacts of this group, particularly among the prostitutes, would have resulted in the transmission of syphilis to many others. The method of collaborative follow-up has been used also to secure regularity of treatment beyond the period of infectivity, reducing materially the reservoir of infection.

The cooperative police and social service method of locating sources of infection, contacts, and enforcing treatment to beyond the period of infectivity provides a most effective approach to the control of syphilis. Each infected source, located and brought under treatment, is a break in the chain of dissemination, reducing materially the number who will become infected with syphilis. It is only by the tracing and adequate treatment of every source of infection that syphilis can be eventually eradicated.

### The National Health Series

A new *National Health Series* of twenty books dealing with various aspects of personal and community health will appear about January 1st. The original *National Health Series*, first published in 1922, has been completely revised; some titles have been retained, some have been omitted and a number of new titles have been added. All of the books of the old Series that have been retained have been completely rewritten. Among the new authors in the Series are such outstanding writers as Dr. H. W. Haggard, Dr. Jesse Feiring Williams, Dr. W. G. Smillie, Dr. Thurman B. Rice, Dr. Leroy M. S. Miner, Dr. Hugh Grant Rowell, Dr. Donald A. Laird, and Dr. James Ralph Scott. The publishers of the Series, Funk & Wagnalls Company, are working in close cooperation with the National Health Council under whose sponsorship each book has been prepared. The Editorial Committee, which has been working on the Series for nearly two years, is composed of Philip P. Jacobs, Ph.D., Chairman, G. S. Stevenson, M.D., and William F. Snow, M.D.

The books will appear in a very much more attractive format than heretofore with cloth covers in bright colors. They will sell for 35¢ each, or 3 for \$1.00. The National Health Council and the publishers are making a special drive to put these books on sale in department stores, chain stores, and other places where popular literature is on sale. Of the original Series, over 750,000 copies were sold and it is anticipated that at least 2,000,000 copies of the new edition will be sold. Social hygiene titles and authors are as follows:

*Love and Marriage*, by T. W. Galloway. (Revised by M. A. Bigelow and associates.) The various elements, biological, social and sexual, that make up a successful and happy married life.

*Adolescence*, by Maurice A. Bigelow. The biological and sociological aspects of adolescence discussed in relation to transition from childhood to adult life.

*Venereal Diseases*, by William F. Snow, M.D. A non-technical discussion of cause, spread, treatment, cure and prevention of syphilis and gonorrhea.

*Ask for free folder giving complete list of titles and authors.*

## EDITORIALS

### PUBLIC HEALTH AND VOLUNTARY HEALTH AGENCIES

What is the place of public health in modern life? Formerly it was concerned only with the mass problems of sanitation. The practical disappearance of many diseases directly caused by an unhealthful environment is one of the brightest chapters in the story of man's progress. But even though such diseases as smallpox or typhoid no longer overwhelm us, we dare not relax our effort. We must hold the lines, consolidate our gains, and push on to the gaining of new ground against the diseases and conditions which continue, needlessly, to waste the lives of our people. Public health in the light of present scientific knowledge goes far beyond environmental sanitation. It necessarily must be concerned with all factors which make for healthful living—the prevention, alleviation, and cure of disease by all methods known to science; the promotion of the physical and mental status of the race; the provision of decent housing, healthful working conditions, facilities for recreation, food adequate in amount and kind for proper nutrition; a standard of living compatible with normal family life and the upbringing of children. It is the *specific* responsibility of public health to provide, through community effort, those services for the saving of life and prevention of disease which the individual is unable to provide, or to provide as well, by his individual efforts.

A distinctive feature of public health work in this country has been the active participation of voluntary organizations and foundations. I observed very early that the efficiency of the health work of a community was determined largely by the extent of citizen participation in that work as represented by the voluntary health agency. Were it not for the years of experience and information accumulated by such organizations as the National Tuberculosis Association or the National Committee for Mental Hygiene or the National Organization for Public Health Nursing, or the American Social

Hygiene Association, it would be quite impossible for the Federal Government at this moment to launch its new national health program.

It is hoped that it never will be necessary to replace the health work of the voluntary organization. Current public expenditures fall far short of present needs. The acceptance by the public of responsibility for work originally started as a voluntary experiment frees voluntary funds for other pioneering effort. The frontier of public health constantly is expanding as science gives us new tools with which to attack new disease problems. The frontier represented by the periphery of a circle obviously grows larger as the circle expands. Moreover, the application of knowledge brings increasingly the need for practical information concerning most effective methods. To develop these methods, to work out new technics, to promote further research, to make experimental application of laboratory facts, to prepare the public mind for acceptance of new health activities, to inform the public of the values and results of public health programs, is the continuing opportunity and obligation of the voluntary and philanthropic health agency.

In no aspect of health work is this more true or more important than in the highly specialized field of social hygiene. Recent public recognition of the need for syphilis control is most encouraging. May the social hygiene agencies, national, state and local, press on towards the full recognition and support which they deserve.

THOMAS PARRAN,

*Surgeon-General, United States Public Health Service.*

#### THE CONFERENCE ON VENEREAL DISEASE CONTROL

The most important conference on venereal disease control yet held in this country will occur in Washington, December 28, 29, 30, 1936, under the direction of Surgeon General Parran. This is to be a working conference comprising a series of round tables covering all the scientific and administrative phases of the problems of diagnosis, treatment, epi-

demiology, after care, and public information involved in the control of syphilis and gonorrhea.

Assistant Surgeon General Vonderlehr, who has immediate charge of this conference, expects groups from every state and the larger cities representing the health authorities, physicians, nurses, and other professional and technical workers concerned with these diseases. The leaders of the round table discussion are outstanding scientists, clinicians, and public health authorities. The conclusions of the conference will constitute a comprehensive and practical platform for nationwide action, fully approved by those upon whom the public must depend for leadership in every state and community.

In behalf of all social hygiene agencies, this Association desires to express to Surgeon General Parran and the Public Health Service appreciation for planning this timely and history-making conference.

#### SOCIAL HYGIENE DAY—FEBRUARY 3, 1937

Advance announcements of plans for *National Social Hygiene Day* have met with a cordial reception. In nearly every state, large cities, smaller communities or special groups are planning to hold conferences or meetings on February 3rd. Social hygiene societies and committees and Association members are naturally taking a leading part. The U. S. Public Health Service and health authorities throughout the country are showing great interest and assure us that they may be counted upon to help, advise and guide this project. This is true also of the medical profession, the nursing organizations, social work and other professional groups. Parent-teacher associations, clubs, church groups—a wide variety of types of agencies tell us they want to participate.

If there is a Social Hygiene Society or Committee in your town, a program is probably already being shaped up for *Social Hygiene Day* and you are being invited to join in it. If there is no organized social hygiene group, your City Health Officer or Council of Social Agencies may know what is being planned. If no local plans are so far being made,

we hope each JOURNAL reader will constitute a Committee of One to look into the matter further and see what can be done in observance of the occasion. Get in touch with other community leaders and if necessary start something yourselves; Social hygiene has made splendid progress in 1936. Let's make the most of *National Social Hygiene Day* as one way of making 1937 a banner year for progress.

The December SOCIAL HYGIENE News contains details of typical programs and materials suggested for regional conferences, community meetings and special group meetings. Please let us know if your copy has not reached you. (See also pages 387-88.)

## NEWS AND ABSTRACTS

**A Symposium on the Prophylaxis of Syphilis and Gonorrhea.**—During the year Commissioner John L. Rice of the New York Health Department arranged for a discussion of *Prophylaxis of Syphilis and Gonorrhea in the Light of Modern Knowledge and Experience*. The meeting was held April 10, 1936, in the auditorium of the Department, being attended by outstanding men and women physicians and scientists concerned with research on the subject. The discussion was opened by the presentation of three papers, as follows:

Dr. J. F. Mahoney, Surgeon, United States Public Health Service, *Chemical Means*.

Dr. Robert L. Dickinson, Chairman, Committee on Maternal Health, *Mechanical Means*.

Dr. William F. Snow, General Director, American Social Hygiene Association, *Experience with Prophylaxis in the Army, Navy, and Civilian Life*.

These three papers proved to be of such interest that they are to be printed as a special pamphlet in the *Medical Series* of the American Social Hygiene Association.\* The discussion was unusually worth while, and in general supported the view that further research and study of practical measures for applying existing knowledge to civilian use of prophylactic measures should be encouraged. The dangers of mechanical and chemical prophylactics of poor quality were pointed out; and the even greater dangers to both individuals and the community of their inefficient application were emphasized. It was evident that the majority of those who took part in the discussion believed that favorable results of practical experience among civilian groups were too meager as yet to warrant attempts by Health Departments to set up prophylactic stations under competent supervision as has been done successfully by military authorities, or to advocate self-

\* Publication A1, American Social Hygiene Association, 50 West 50th Street, New York, N. Y. Price 10 cents.

treatment prophylaxis unless the individuals concerned employ such methods under the advice of their physicians.

It was significant that part of the discussion centered around the value of education for self-control of sex conduct, and protection of youth in such matters from dangerous environmental conditions. These were presented as important factors to be considered and fitted into any serious program for prophylaxis of these diseases as a major item in health conservation. The soundness of this view was not questioned; but the opinions were voiced that the most pressing need in relation to prophylaxis at present is to determine scientifically and administratively just what may be depended upon to prevent development of infection when exposure has just occurred or is about to occur after all educational and environmental protective measures have failed.

The three speakers who opened the discussion concluded their remarks with emphasis on the following: Dr. Mahoney said by way of summary that it seems evident that we do not have at our disposal at the present moment an ideal chemical method or agent, in regard to which we possess a sufficient knowledge, either practical or experimental, to enable the public health profession to advocate openly its use with the accompanying tacit assurance that by so doing the possibility of infection is entirely obviated.

From an experimental standpoint the problem of so altering the environment of the exposed area, to a degree which would render migration of the micro-organism of syphilis impossible, appears to be an absurdly simple problem and one which apparently should be entirely capable of solution, and that should make possible, eventually, the development of a prophylactic procedure, which, if applied within the period \* in which the organisms occupy a vulnerable position upon the surface of the mucous membrane, will effectively prevent further motility and consequent infection.

Dr. Dickinson expressed the view that the most practical and promising of all venereal disease preventives is the modern sheath, but to obtain its promised results, its quality must be controlled. Properly manufactured and adequately inspected, it could be marketed in a form practically 100 per cent free from defects. Failures with such mechanical devices would then be due only to accidents or faulty use. To minimize these, adequate instruction in the use of this method of protection would be necessary. To this end every package might contain printed directions for use, including testing. Soap and water cleansing by both partners, however, should be advocated as providing additional security against infection.

Dr. Snow said in conclusion that it is important to keep in mind that the group of chemical and mechanical measures under discussion have been only a link in the chain of important measures employed by both the Army and Navy in achieving results. In

\* It had been pointed out, however, that—"Following two hours of exposure the organism is capable of penetrating to a depth at which it can only be influenced by the systemic action of an antiluetic drug."

civil life the question is not one of preventing or discouraging the use of properly manufactured prophylactics on the initiative of any individual. Rather the question facing the health officer is: How far may I go wisely in advocating such personal prophylactic measures without any opportunity to instruct the individual before exposure, or to follow him up afterwards?

In contrast to military experience, civilian prophylactic stations under trained supervision have not been successful in the United States. It would seem clear that the health officer cannot yet justify placing his official stamp of approval upon these measures, which paradoxically could be the most important in our whole program for combating syphilis and gonococcal infections, if everyone concerned understood and could be counted on to apply them scientifically.

**The Prevalence of Syphilis Decreases in Massachusetts.**—Syphilis is decreasing in Massachusetts, according to an article by Dr. Nels A. Nelson, of the State Department of Public Health, appearing in the *Journal of the American Medical Association* (January 11, 1936).

Evidence is available from three major sources: (1) Reports of prenatal clinics, (2) monthly reports of syphilis clinics, and (3) reports by clinics, physicians, and institutions to the Department. A comparison of figures in a study of syphilis in pregnant women reported in 1923 by Hinton for the period 1915-19 with figures from 16 prenatal clinics for the years 1930-34 shows a reduction of 70.5 per cent in positive blood test reactions and of 76.7 in doubtful reactions. The 15 clinics that reported their results by years show year by year a definite decline in positive reactions.

The State Department of Health has received reports of admissions to the public clinics since 1925. Twenty-two of the 28 clinics have reported regularly during the entire period. They have admitted from 95 to 98 per cent of all clinic patients in any year. Total admissions for syphilis have declined 24.2 per cent and the rate per 100,000 of population has declined 29.9 per cent, and this in spite of the fact that many old cases of syphilis are being discovered because of better follow-up and a more extensive use of the routine blood test. During the last five years admissions to clinics have shown a slight increase probably because the economic situation has compelled patients to seek treatment in the clinics instead of from private physicians.

Admissions for gonorrhea, on the other hand, have increased 45.6 per cent in the 20 clinics that treat gonorrhea. If economic conditions plus a natural expansion of clinic service can increase the admissions for gonorrhea, a decline in admissions for syphilis without doubt points to a decrease in syphilis. Syphilis is a much more expensive disease to treat and its natural drift would be toward the clinics. This definite decrease in admissions for syphilis cannot be accounted for by migration from clinics to private physicians. For the period 1930-34 there was an increase of 55.4 per cent in the

number of physicians reporting cases of syphilis over the period 1922-24, but the number of cases reported decreased 1.7 per cent. During these same periods there was an increase both in the number of physicians reporting gonorrhea and in the number of cases reported.

Prior to 1930 reports of syphilis did not state the stage of infection. The total of reports of all forms of syphilis for 1930-34 has varied slightly from year to year, but in the direction of an increase. This is true also of the rates per 100,000 of population in the sexes considered separately. Reports of early syphilis on the other hand have declined from 1,521 cases in 1930 to 1,072 in 1934, a reduction of 29.6 per cent. This decline has taken place in spite of nearly constant or slightly increased reporting of syphilis in all forms and stages. The greater part of the decline has occurred among persons under 30 years of age, both males and females; in males from a rate to 44.9 per 100,000 of males under 30 to 26.9 or 40.1 per cent, and in females from a rate of 39.3 to 22.8 or 42 per cent.

The reported prevalence of neurosyphilis has decreased from a rate of 12.4 per 100,000 of population in 1930 to 8.4 in 1934, a reduction of 32.3 per cent. This evidence is confirmed by declines in admissions to hospitals for dementia paralytica and in the death rate for neurosyphilis. This may not be so valuable as evidence of a decline in the prevalence of syphilis as it is of better treatment.

To sum up, 70 per cent reduction in syphilis in pregnant women in 15 years, a 30 per cent reduction in admissions to syphilis clinics in 10 years, a 30 per cent reduction in the reported prevalence of early syphilis in 5 years, and a 32 per cent reduction in the reported prevalence of neurosyphilis in 5 years, must mean that syphilis is declining in prevalence in Massachusetts. The value of this evidence is emphasized by comparison with marked increases over the same periods in the reported prevalence of gonorrhea and an increase in the number of old infections with syphilis being brought to medical attention.

It would be interesting to speculate on the causes lying behind this encouraging trend, but it seems likely that one major factor has been the steady pounding away of the State Health Department and the Massachusetts Society for Social Hygiene on a thorough program of health education for Massachusetts citizens.

**Survey of Female Gonorrhea Clinics in New York.**—The survey of gonorrhea clinics for women in Manhattan, conducted by Dr. E. A. Horowitz under the auspices of the Social Hygiene Committee of the New York Tuberculosis and Health Association, has recently been published, comprising reports of 31 clinics. The investigation brings out the highly unsatisfactory nature of the work done in the great majority of these clinics.

Female gonorrhea is usually treated in the gynecologic clinic. In only three institutions was the treatment assigned to a special clinic.

The records kept are usually inadequate, so that no accurate information is obtainable. The small attendance at the majority of the clinics is especially noticeable. This strongly suggests the need for instruction in the diagnosis of gonorrhea in the female. The methods of treatment employed showed considerable differences. The delinquency rate was high. The follow up of delinquent patients was undertaken in twelve clinics, but the success of the follow-up work could not be ascertained.

Very few patients were discharged as cured—the criteria of cure varied considerably, and in most cases was wholly inadequate. In some of the clinics an effort was made to have contacts examined, but in most instances unsuccessfully. In practically no clinic was any attempt made to discover and examine sources of infection.

This survey forcefully demonstrates the need for better organization of the clinics treating gonorrhea in women, and standards for the conduct of such clinics are now being prepared by a committee of the New York Tuberculosis and Health Association.

These standards should require adequate quarters, equipment, personnel and sessions; proper supervision; uniform and well kept records; adequate provision for instruction of junior attendants; a method of effective treatment, proper instruction and education of patients, uniform criteria of cure, follow up of delinquents to include home visits and family instruction, examination of contacts, and a search for and examination of sources of infection.

A widespread adoption of such standards would be of material benefit to the patient and to the community.

**Free Treatment of Syphilis in Indiana.**—Other states which have puzzled over the question of providing medical treatment for syphilis-infected persons who are unable to pay for it, in areas where no free clinics or dispensaries exist, will be interested in the opinion of the Attorney General of Indiana, recently rendered. In response to certain questions concerning treatment at the public expense, he stated his views, in brief, as follows:

(a) County, city, and town health officers may legally authorize the administration of anti-syphilitic medical treatment at public expense during pregnancy to an expectant mother who is infected with syphilis.

(b) Persons infected with syphilis, regardless of their age or indigency, may be treated at public expense, if, in the opinion of the health officials, the proper protection of the public health requires that such persons be given treatment, and a claim covering the cost of necessary antisyphilitic medical treatment, authorized and ordered by a health officer, is, if properly drawn in all other respects, a valid claim against the city, town, or county, as the case may be.

## NEWS FROM OTHER COUNTRIES

**France—A New Film on Gonorrhea.**—An item of health education interest at the Union Internationale meeting in September was the showing of a new film dealing with the dangers of gonorrhea, made especially for the French troops. The film was prepared by Prof. Lucien James of Val de Grace, with the cooperation of the French ministers of war and of public health, as well as the collaboration of Dr. Cavaillon, Secretary General of the Union, and M. Viborel. In presenting the picture for showing at this time Professor James said, in part:

“There exist, of course, already in different countries educational films against the venereal diseases, but for the most part they deal with syphilis. Without doubt the fight against syphilis is a major interest, but it is important not to neglect the campaign against gonorrhea, of which the social consequences are largely ignored. Especially as gonorrhea is widely spread among the young soldiers in France, and is much more frequent than syphilis.

“In this film, knowing that we are addressing an audience of adults, we have treated our subject with entire frankness, and with no false modesty. We have shown the disease as it appears.”

The film has been shown among the young French recruits for two years. It has been well received and has already produced some encouraging results. Plans are now on foot for making a film on syphilis to be used among the same groups.

**England—Annual Public Health Report Shows Less Syphilis.**—Greater efficiency and speed of action of modern methods of treatment, especially treatment by the arsphenamine class of remedies, are credited with having effected a reduction in the incidence of syphilis, according to the annual report for 1934 submitted by Dr. Arthur MacNalty, Chief Medical Officer of the Ministry of Health of England, recently published. From a maximum in 1920 of 42,805 cases of syphilis in the various stages, early and late, which were dealt with for the first time in the treatment centers, the rate fell to 22,010 in 1924, since when it remained more or less stationary until 1932. In 1933 it was again lowered to 21,525, the lowest figure recorded up to that time, and in 1934 a new low record of 20,692 was set. Figures on cases with infections of less than one year's duration support the impression of decline. From 1931 to 1934 these cases fell by over 24 per cent, from 9,104 to 6,918. This percentage, the lowest yet recorded, worked out at 1.73 per 10,000 of the population of England and Wales.

A slight decline is also noted in cases of gonorrhea dealt with for the first time at any center, but the decrease is too slight, according to the report, to be of statistical significance.

Writing of progress in social hygiene the report says:

The five years, 1929-34, have witnessed many progressive developments in the Venereal Diseases Schemes of Local Authorities through changes effected under the Local Government Act of 1929. When the Scheme was first inaugurated, the great majority of the treatment centers were established in voluntary hospitals. The Local Government Board and its successor the Ministry of Health conducted the inspection of these centers and thus many local authorities, after planning the initial arrangements, were not closely in touch with the progress of the work in their administrative areas.

Under the Local Government Act, local authorities are now more directly concerned. The experience of the past five years has revealed a marked increase of interest on the part of medical officers of health in the efficiency of the treatment centers in their jurisdictions. These medical officers, in turn, have been brought into closer touch with the directors of the centers, tending toward more effective and desirable coordination between venereal diseases activities and the work of the other public health services, especially the maternity and child welfare services. Incidentally, this relation has helped the medical officer of health also to become more closely acquainted with the work of the voluntary hospitals in his area and to enlist the sympathies of the medical staff in the preventive as well as the curative side of medicine. In certain districts, voluntary hospitals have been unable to cope with the whole of the venereal diseases work of a county, or on account of other claims, have been unwilling to develop their facilities to meet the full demand. Under such circumstances, the local authorities have had to establish treatment centers under their direct control. The Local Government Act has placed a large number of general hospitals (county and municipal) under local authorities, and in some of these independent or supplementary venereal disease centers have been provided. These factors, according to the report, have been responsible for some valuable improvements in the arrangements under the Venereal Diseases Scheme, in the shape of rebuilding of centers, reorganization of staff, better equipment, introduction of more modern methods of diagnosis and treatment and/or regrouping, on the principle that an area is served better by a few well-conducted centers in premises designed for the purpose than by a larger number in less favorable circumstances.

A tabulation of new cases and attendances in twelve venereal diseases treatment centers before and after reorganization shows that in every case in which a center or group of centers has been reorganized within premises specially designed for the work, the effect has been a substantial increase in the number of treatments for each new admission. A high proportion of the increase of attendance is attributed to provision of improved facilities for intermediate treatment of gonorrhea. It is generally recognized that better results follow in gonorrhea when all the treatment can be given at the center than when the daily medication and applications (irrigation, etc.) prescribed by the medical officer have to be carried out by the patient at home.

Reporting on general health conditions Dr. MacNalty mentions a steadily declining rate of infant mortality, and an increase of births, a decrease of 19,655 in deaths from principal causes from the 1933 report, and a marked fall in the prevalence of many of the notifiable infectious diseases, such as pneumonic diseases, smallpox, and enteric fever. A high incidence of scarlet fever and diphtheria noted in 1933 continued into 1934, and although many recognized improvements in provision for maternal cases have been made, the maternal death rate again showed no reduction, but rather a slight increase. Two thousand one hundred and eleven maternal deaths were reported for 1934. The insurance medical service provided under the National Health Insurance Acts, which furnishes free services of his chosen medical adviser to every insured worker, is held to be working satis-

factorily. The number of medical practitioners cooperating in the provision of this service was 16,500 in 1934, with 15,865,000 persons insured and entitled to benefits.

Introducing the report, the Chief Officer sagely says:

"No exhortations, no regulations, no schemes, however ably planned can make a healthy nation unless the force of public opinion is behind them. And lastly, this support must be no mere lip-service. The individual must pay the price of health in temperance, in self-control, in regular habits and in hygiene of mind and body."

That these principles are being applied to a considerable extent in the lives of the people as a whole is suggested by the picture presented.

## A FEW REFERENCES ON MEDICAL AND PUBLIC HEALTH ASPECTS OF SOCIAL HYGIENE AND POPULAR HEALTH EDUCATION

### **Public Health Aspects of Social Hygiene**

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New York Daily News articles. Free.

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*Journal of the American Medical Association.*

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**Exhibits (Illustrating Medical and Public Health Aspects of Syphilis and Gonorrhea)**

*The Treatment of Syphilis.* Based on the Cooperative Clinical Studies. Series of 24 charts (Small set 30 cents, large set on loan).

*Gonorrhea in the Male.* Charts by E. L. Keyes. (Set of 9 small charts, 10c.; set of 13 large charts on loan).

*Social Hygiene and Family Case Work.* Set of 10 charts. (Black and white, unmounted 17 x 22 inches, \$1; colored and mounted, \$5; miniature sets, 8½ x 11 inches, 10 cents. Large sets on loan).

*Stamp Out Syphilis.* Set of 8. From Thomas Parran, Jr., article in *Survey Graphic*, July 1936 (8½ x 11 inches, 20 cents; 17 x 22, \$1, and mounted \$3).

*Social Hygiene in Industry.* Set of 6 posters, \$1.75 (Also on loan).

*Congenital Syphilis.* Charts and photographs (On loan).

*Cardiovascular Syphilis.* Charts and photographs (On loan).

*Darkfield Diagnosis of Primary Syphilis.* Charts and photographs (On loan).

*Recent Advances in the Attack Upon Syphilis and Gonococcal Infections.* Charts and photographs (On loan).

See also *List of Social Hygiene Motion Pictures.* A.S.H.A. Pub. 980. (free) See "Newspaper Publicity" under Popular Health Education.

For other bibliographies ask for	Pub. No.
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THE AMERICAN SOCIAL HYGIENE ASSOCIATION

50 West Fiftieth Street, New York, N. Y.

## SUGGESTED PROGRAMS FOR NATIONAL SOCIAL HYGIENE DAY

What kind of program shall we hold? This is the question that comes to us constantly from groups and communities planning to observe Social Hygiene Day on February 3rd. In answer, three types of meetings are suggested:

**1. A Regional Conference**, to last at least one full day, and to draw in state and community leaders from a considerable area. It is hoped that about a dozen such meetings may be held in suitably located cities. A typical program is that of the Regional Conference of the Social Hygiene Council of Greater New York, which will be held in New York City for the fifth consecutive year:

10:00 a.m. Four simultaneous sessions

Topics: *Problems of Syphilis and Gonorrhea in so far as Social Agencies are Concerned.*—*Correctional Institutions and Social Hygiene; A Challenge for Service.*—*The Press and the Radio as Aids in Venereal Disease Control.*—*Syphilis and Gonorrhea in Rural Areas and in Smaller Communities.*

1 p.m. Luncheon session

Topics: *Trail-breakers in the Field of Syphilis Control.*

3 p.m. Four simultaneous sessions

Topics: *The Family and Venereal Diseases*—as viewed by a Minister, a Physician and a University Teacher.—*Syphilis and Gonorrhea as Hospital Problems.*—*Educating Young People for Social Health and Family Life.*—*Syphilis, The Great Imitator.*

Annual Meeting Program of the American Social Hygiene Association.

6 p.m. Annual Business Meeting

7 p.m. Annual Dinner

8 p.m. General Session

Introductory addresses \*

President Ray Lyman Wilbur,  
Surgeon General Thomas Parran

Discussion of Controversial and Unsettled Questions of Procedure Relating to Programs for the Control of Syphilis and Gonorrhea.

- (1) *Commercialized Prostitution and Public Policy*
- (2) *Prophylaxis as a Factor in Venereal Disease Control*
- (3) *Certificates for Marriage and Health Examinations*

**2. A Community Meeting**, one session, to last from one to two hours. Typical program:

1. Brief statement by Chairman concerning *Social Hygiene Day* and the purpose of present meeting.
2. Showing of talking slide film *For All Our Sakes* (30 minutes).
3. Discussion of local social hygiene conditions led by City Health Officer, with various community leaders presenting different community aspects.
4. Conclusions by Chairman with discussion and adoption of resolutions.
5. Organization of follow-up committee and activities.

For communities where informed speakers and discussants are not easily secured, the program might substitute a disc record (15 minutes) of talks by social hygiene authorities, which is being planned for this purpose, with discussion by Association members or other selected persons, based on Dr. Parran's *Stamp Out Syphilis!* (medical aspects); Bigelow's *The Established Points in Social Hygiene Education* (educational aspects); *Prostitution in the United States* by Bascom Johnson (legal and protective aspects); *Suggestions for Organizing a Community Social Hygiene Program* (plans for action).

**3. Special Group Meetings**, as for example, a luncheon meeting of the Rotary or Kiwanis Club, an afternoon meeting of a women's club or parent-teacher group, or an evening meeting of an American Legion Post, open meeting of a County Medical Society or other professional or civic organization. Typical program:

1. Brief talk by a physician, health officer or other qualified person, or phonograph record of talks by social hygiene authorities.
2. Showing of talking slide film *For All Our Sakes*.
3. General discussion of the local situation, and what may be done to improve conditions.
4. The adoption of appropriate resolutions or statements.

\* Electrically transcribed for simultaneous presentation as a part of the programs of the nation-wide series of meetings arranged for National Social Hygiene Day.

**How We Can Help**

The Association will be glad to assist in every way possible in planning and carrying out programs for *Social Hygiene Day*.

As first aid, may we recommend—**The October Journal of Social Hygiene, A Community Number.**

Contents: *Organizing a Regional Conference*, by Jacob A. Goldberg . . . *What Are the Things a Nurse Should Know About Social Hygiene?* by Evangeline H. Morris, R.N. . . . the *Health Programs* of the *General Federation of Women's Clubs and the National Council of Women*, by Marjorie B. Illig and Dr. Mary R. Lakeman, Chairmen of the Public Health Committees of these two important groups. . . . Topics (speakers and other details of recent successful conferences held in *New York City, St. Louis, Buffalo, Syracuse* and elsewhere, with leads to other similarly useful items. . . . A new full list of *State and Local Social Hygiene Societies in the United States and National Agencies Including Social Hygiene Work*.

*35 cents a copy, postpaid.*

**Also—The American Social Hygiene Scene**—a detailed account of existing activities in the states and communities. *35 cents, postpaid.*

**Special Helps** for ministers, librarians, parent-teacher and club groups are available on request.

**Important!**

The December *Social Hygiene News* contains further details and suggestions. If you have not received your copy, please let us know. Or if you would like additional copies for your own use or for your friends, they may be secured on request.

THE AMERICAN SOCIAL HYGIENE ASSOCIATION has been since 1914 the national voluntary agency for social hygiene. Its purpose is to encourage, strengthen and preserve American family life, by such means as

Health Protection—through prevention and treatment of the health enemies syphilis and gonorrhea

Good Environment— influenced by provision for wholesome use of leisure time, exclusion of degrading amusements and repression of commercialized prostitution

Successful Living—amplified and safeguarded by sound sex instruction and education for marriage and family relations

The Association is glad to aid and advise all agencies and individuals interested in working towards these objectives, and seeks their cooperation in planning and carrying out the national program. The organization is supported entirely by voluntary contributions and membership dues, which come from every part of the country. Membership privileges include: the monthly JOURNAL OF SOCIAL HYGIENE; the SOCIAL HYGIENE NEWS; copies of pamphlets (on request); 10% discount on books in our selected list; library loan and reference privileges; advisory service from the staff.

**Annual dues, \$2.00. Library membership service, \$3.00.**

**Society membership, \$10.00, with added privileges.**

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Inquiries  
Suggestions  
A contribution, or your name for membership  
The names of others who may be interested

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A Special Number  
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PUBLISHED MONTHLY EXCEPT JULY, AUGUST AND SEPTEMBER

AT 372-374 BROADWAY, ALBANY, N. Y., FOR

THE AMERICAN SOCIAL HYGIENE ASSOCIATION

EDITORIAL OFFICES

50 WEST FIFTIETH STREET, NEW YORK CITY

National Social Hygiene Day ~ February 3, 1937

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Entered as second-class matter at post-office at Albany, N. Y., March 23, 1922.

Acceptance for mailing at special rate of postage provided for in Section 1103,  
Act of October 3, 1917, authorized March 23, 1922.

Published monthly (nine issues a year) for the Association by the Boyd Printing  
Company, Inc., 372-374 Broadway, Albany, N. Y.

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# Journal of Social Hygiene

VOL. 22

DECEMBER, 1936

NO. 9

A Special Number  
on  
Commercialized Prostitution as a Community Problem

## A CURRENT VIEW OF PROSTITUTION AND SEX DELINQUENCY

BASCOM JOHNSON

*Associate Director in Charge of Legal and Protective Activities  
American Social Hygiene Association*

In December 1933, the American Social Hygiene Association published a report of a survey in 58 cities in the 48 states, comparing prostitution conditions as they existed in 1927-28 and in 1932-33.<sup>1</sup> This study showed that commercialized prostitution during these 5 years had decreased in 18, or 31 per cent, of these 58 cities, and had increased in 40 cities, or 69 per cent. In some cities this increase or decrease had not been great enough to transfer them from one rating group to another. These rating groups were four in number, labeled "good," "fair," "poor" and "bad." Classification of the 58 cities in these four groups appeared as follows:

	<i>Year 1927-28</i>	<i>Year 1932-33</i>
<i>Good</i> .....	19 cities	10 cities
<i>Fair</i> .....	7 cities	11 cities
<i>Poor</i> .....	20 cities	9 cities
<i>Bad</i> .....	12 cities	28 cities

The disturbing but inevitable conclusion was that prostitution throughout the country as a whole had increased both in volume and flagrancy.

<sup>1</sup> Johnson, Bascom and Kinsie, P. M., *Prostitution in the United States*. JOURNAL OF SOCIAL HYGIENE, December 1933. Reprint No. 857.

*Conditions in 1936*

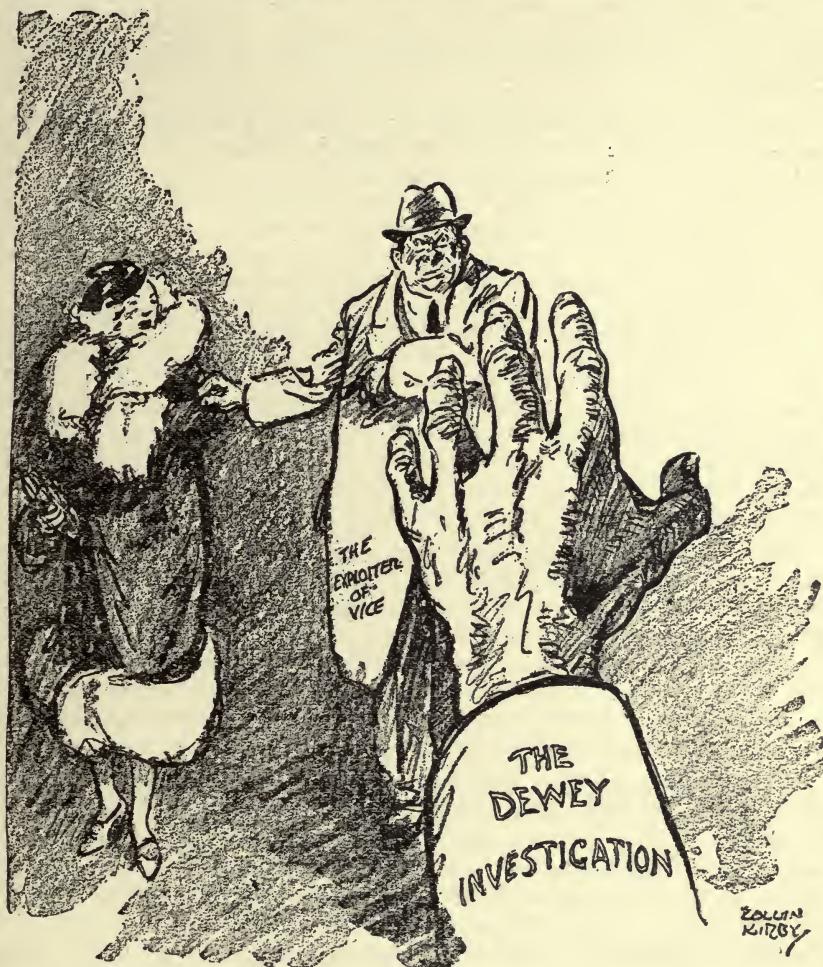
Since December 1933 less detailed information has been collected by the Association as a basis for re-evaluation. Nevertheless, observations in the field, data collected by correspondence, and by newspaper and other accounts of conditions, justify the strong impression that the downward trend in the control of prostitution conditions which these two surveys revealed has not yet been checked.

For example, in New York City, which for a decade and a half prior to 1930 could claim with truth that it was freer of brothels and organized prostitution than any other large city in the world, it was found in recent investigations by the special prosecutor appointed by the Governor that a prostitution racket existed said to be worth 12 million dollars a year to its operators. This discovery resulted in indictments by the extraordinary Grand Jury charging thirteen men (the "big shots" of a huge combination) with compulsory prostitution, and with conspiracy to operate a wholesale business of prostitution. This they managed by compelling madames and prostitutes to abide by the rules of the combination, which included the periodic routing of prostitutes from one to another of a chain of 200 brothels, and the regular payment to the combine by these women of a considerable portion of their earnings. The combination was also charged with extorting money from rivals outside the combination, and preventing the operation of competing brothels by threatened raids and attacks by thugs. In order to protect their business, the combine furnished doctors, provided bail for women arrested, furnished counsel to defend them, taught inmates how to swear falsely, and arranged for the removal of any defendant from the jurisdiction of the courts if his or her conviction seemed imminent.

That such conditions could have existed without the knowledge of the authorities in New York City seems incredible. The fact that four of these men pled guilty and the other nine were convicted (their prison sentences ranging from seven and a half years to 30-to-50 years), and the charges thus substantiated, makes it appear that New York City has gone a long way back toward the wide open conditions which existed at the turn of the twentieth century.

Cities in which flagrant prostitution conditions were observed during law enforcement activities of the Association in 1935 and 1936 were San Antonio and Corpus Christi, Texas; Scranton, Pennsylvania; Knoxville, Tennessee; Gallup, New Mexico; Portland, Oregon; San Francisco, California; and Syracuse, New York. Other information received by the Association during 1935 and 1936, and believed to be reliable, indicates that bad conditions have existed during this period in Hartford and New Haven, Connecticut; Galveston, Texas; Chicago, Illinois; New Orleans, Louisiana; Boston, Massachusetts; Wheeling, West Virginia; Toledo, Ohio; Oklahoma City,

REACHING FOR THE RIGHT ONE.

NEWSPAPER COOPERATION IN THE CRUSADE AGAINST  
COMMERCIALIZED PROSTITUTION

A cartoon by Rollin Kirby, appearing in the *New York World-Telegram* of February 5, 1936, during the investigation made in law enforcement procedure in New York City by Special Prosecutor Thomas E. Dewey. The *World-Telegram* and other New York papers have been strong allies in the city's struggle to rid itself of this evil, publishing full accounts of law enforcement activities, forceful editorials, and frequent cartoons to drive the arguments home.

Oklahoma; Mobile, Alabama; Newport, Rhode Island; Pittsburgh, Pennsylvania; Minneapolis, Minnesota; Norfolk, Virginia; Jacksonville and Miami, Florida.

This type of recent sampling of conditions in 25 cities of 19 states located in every section of the country appears to justify the belief that ground is steadily being lost by many cities in their fight against this evil.

The attack on organized prostitution reached its greatest effectiveness during the World War days because of the aid to the cities which was given by the Federal and State Governments. Upon the withdrawal of this aid local law enforcement in many cities became less and less vigorous until, with the advent of financial retrenchment and the depression, the offensive passed to the underworld, with city authorities admitting their inability to cope with the situation.

Another disturbing aspect of the present situation is the increasing number of statements, some of them from people of good standing and apparent experience, to the effect that serious consideration should be given to proposals for re-establishing red-light districts where prostitution will be tolerated under conditions equivalent to public license. Unfortunately these arguments are frequently based on the fallacy that this would be an important asset in controlling the spread of syphilis and gonorrhea.

As might be expected under the circumstances, there appears to have been also an increase in the manufacture and distribution of obscene literature, objectionable cartoons and novelties. Circulars advertising indecent literature and materials for sale have been sent by agents throughout the country, high school boys and girls often being the recipients. Some magazines are full of advertising which is pornographic or borders on the pornographic, promising that the material advertised for sale is "the real thing."

Recently in New York City the press reported a loft building had been discovered, fully equipped to manufacture such material in large quantities. The police spent all of one day dismantling this plant and carting away truck loads of pornographic materials found there ready for shipment. The value of the machinery seized was estimated to be \$50,000 and the retail value of the stock \$75,000.

Commercialized amusement resorts, especially those which sell liquor, including the saloon-taverns, road houses, taxi-dance halls, and just plain saloons, are in many cities back where they were before prohibition, in open alliance with prostitution or at least exploiting the sex of women employees in order to increase the sales of intoxicants.

A graphic account of these conditions is contained in the 1935 report of a survey of saloon and other liquor conditions in Chicago.<sup>2</sup> One or two paragraphs from this report indicate conditions which are known to be typical of those existing in other cities.

<sup>2</sup> Juvenile Protective Association, 816 S. Halstead Street, Chicago, Ill. Report: *The Return of the Saloon*. 1935.

"Vice in Chicago's saloon-taverns flourishes. Abundant experience proved this to us, especially in the saloons and 'clubs' catering to transient rather than to neighborhood patronage. Some saloons were simply houses of prostitution, having adjacent rooms used for vice; hostesses solicited at the bars and tables, thence repairing with the patrons to connecting quarters. In other cases streetwalkers came into the saloons to solicit. This was particularly marked in areas where street walking was most common, as in the colored districts of the South Side. When the opportunity for illicit sexual relations did not exist in the saloon-tavern, bartenders or doormen or toilet attendants would direct men to nearby bagnios. Cab drivers routed their fares from the liquor resorts to the houses of ill fame."

That these conditions are not confined to congested slums, or cheap neighborhoods, is indicated by the following editorial in the *Chicago Daily News* of November 2, 1934, based on the investigations of the Juvenile Protective Association:

"Until the eighteenth amendment was repealed, Austin (near Chicago) community of homes, had not known the saloon. It accepted the tavern under solemn assurance that it was something eminently respectable, that it would submit to strict regulation and behave itself as it should in return for Austin hospitality. But the tavern turned out to be just the old saloon, as vicious as ever—and that is saying much."

"Investigation in Austin by agents of the Juvenile Protective Association has uncovered the saloon's lawlessness, its violation of closing hours, its sale of liquor to both girls and boys of high-school age, its screening of doors and windows, its curtained corners, back rooms and lure for vice, its toleration of drunken disorder, its alliance with prostitution."

"Austin, community of homes, of many children, of good schools and progressive churches, knows now that the saloon is a destroying and contaminating menace in its midst. The liquor traffic with traditional bad faith, has broken all pledges and sinned against all laws, and official authority has connived at the sinning. A large section of Austin will vote next Tuesday on a proposal to oust the saloon. If the citizens are loyal to the interests of their homes and their community that vote will banish the saloon. And the saloon will have only itself to blame for banishment."

### *What Is Being Done About These Conditions*

#### *The Federal Government:*

The Federal Government confines its activities in this field largely to cases involving violations of federal laws against interstate traffic in women, interstate shipments of indecent literature, and smuggling or evading internal revenue taxes.

The Federal Government makes strenuous efforts to prevent violations of its liquor laws especially those requiring taxes to be paid. It is not supported, however, in many states by the enactment and enforcement of adequate state liquor laws for lack of which the bad conditions above described are frequently due. Similarly federal enforcement of the Mann Act against white slavery, and application of the postal laws relating to interstate shipments of indecent literature seem to accomplish comparatively little toward adequate control of these evils. This does not mean that the Government is indifferent or fails to act with efficiency and dispatch on specific complaints that the Mann Act has been violated. The conviction obtained against the notorious "Queen of the Pittsburgh prostitution racket" who brought her girls to New York when driven out of Pittsburgh, is an example in point. Another recent example of fine federal efficiency is the cleaning up of the vice ring operating in Connecticut with ramifications in Massachusetts, Rhode Island, New York and New Jersey. Failure to do more and thus prevent the widespread violations of this act which are believed to exist in many parts of the country is said to be due to lack of funds and specially trained personnel for this purpose in the Federal Bureau of Investigation, and the vast increase in the latter's responsibilities caused by recent acts of Congress.

After President Harding closed the office of the Interdepartmental Social Hygiene Board in 1923, terminating the law enforcement and protective measures program of the Board, little was done by the Federal Government to assist state and local authorities in dealing with community and intrastate traffic in women, or with the many souteneurs and racketeers who control commercialized prostitution and make a big business of it in conjunction with other criminal pursuits. It is to be hoped that the assemblage in every state of vast numbers of young men, and to lesser extent of women, by the Government, in C.C.C. camps, on public works projects, the Indian reservations, army and navy stations, educational projects and elsewhere, for whose welfare and health it has, in a measure, assumed responsibility, will lead to devising adequate legal and administrative provisions whereby concerted action by all the authorities may again be possible in civilian communities as was the case during the war emergency.

### *The States*

Generally speaking state governments have likewise limited their activities to state-wide or flagrant inter-city or inter-county conditions brought to their attention through specific complaint. The theory behind such a policy is that such matters are and should be the primary concern of the local communities. During serious emergencies, however, or the breakdowns in local law enforcement machinery, this policy has been replaced often by active state participation with marked beneficial results to the local communities. State police, when they exist, and indeed the entire executive and judicial branches of state governments are in many states legally competent and therefore theoretically available to assist the cities and counties, on request by

the latter; or even to supersede them when necessary in the enforcement of the laws against vice and disorder. As regards liquor conditions the power of states to license and tax the manufacture and sale of liquor within their borders should carry with it some responsibility for securing and maintaining decent and wholesome conditions in connection with such sales. The fact that this responsibility often is neither given by state laws nor always possible to be discharged when given, is apparently due to defective laws and the failure of legislatures to provide administrative machinery and appropriations adequate to discharge these responsibilities.

As regards prostitution conditions in cities or counties, the mandatory power which many governors have to remove or supersede local law enforcement officers who fail to enforce the laws is too rarely exercised. Its value even to such wealthy cities as New York with large well-paid and well-organized police departments, courts and prosecutors' offices is now being demonstrated. In smaller cities the need and value of state assistance or intervention is much greater because the training and experience of its officials in dealing with the same problems is far less, while their temptations to augment inadequate salaries by graft are much stronger.

The fact is, however, that cities and counties rarely ask officially for such assistance from their state governments in vice matters. Any requests which are made usually originate with groups of private citizens aided by newspaper publicity. Often these private requests are refused by the state governments, or the requests have to be withdrawn because the conditions complained of are improved temporarily by local officials; and the voluntary groups have to start all over again in their attempts to secure results.

On the whole the contribution of most state governments to local law enforcement against organized sexual vice seems to be very limited in amount and inadequate for effecting permanent results.

### *Cities and Counties*

The initiative for doing whatever is being done to prevent and correct the evils here discussed, at present is chiefly in the hands of city and county authorities. However, it is difficult to draw a composite picture of what is taking place, because of the wide divergence in policies and activities. This divergence does not appear to be due to variations in laws dealing with the more serious of these offenses; for example, those penalizing traffic in and third-party exploitation of women and girls. Such laws exist in practically every state in the union; but they are not enforced in many cities where organized prostitution is openly tolerated.

Generally speaking the toleration of these evils seems to be most widespread in the southeast and southwest sections of the country and least prevalent in the New England states; but examples of both policies may be found in every section. When we consider the state laws dealing with the prostitute herself and her customers, important

differences are found. To begin with there are the 15 states<sup>3</sup> which have passed in whole or in part the so-called Model Law against prostitution which originated during the war and, in addition to the more serious offences above discussed, covers practically every activity of the prostitute from soliciting to engaging in prostitution. This law also defines prostitution to include the male customer. At the opposite extreme are 12 states<sup>4</sup> which have laws merely defining the woman prostitute as a vagrant. Four of these states—Arizona, Arkansas, South Carolina and Tennessee, appear to have no state laws on the subject whatever. The laws of the remaining 21 states lie somewhere between those two extremes.

The significance of diversity in this type of legislation is two-fold. First, it indicates the wide difference in public opinion which exists throughout the country on the importance to public welfare of controlling the activities of prostitutes. Second, it appears to be related to the degree of vigor and efficiency with which the laws against exploitation of prostitutes are enforced. Communities which do not regard the activities of prostitutes as sufficiently anti-social to require adoption of measures to prevent them, fail to see why they should protect such women from the usual hazards of their trade. Most of them are believed to have entered into their trade willingly, and few are known to complain.

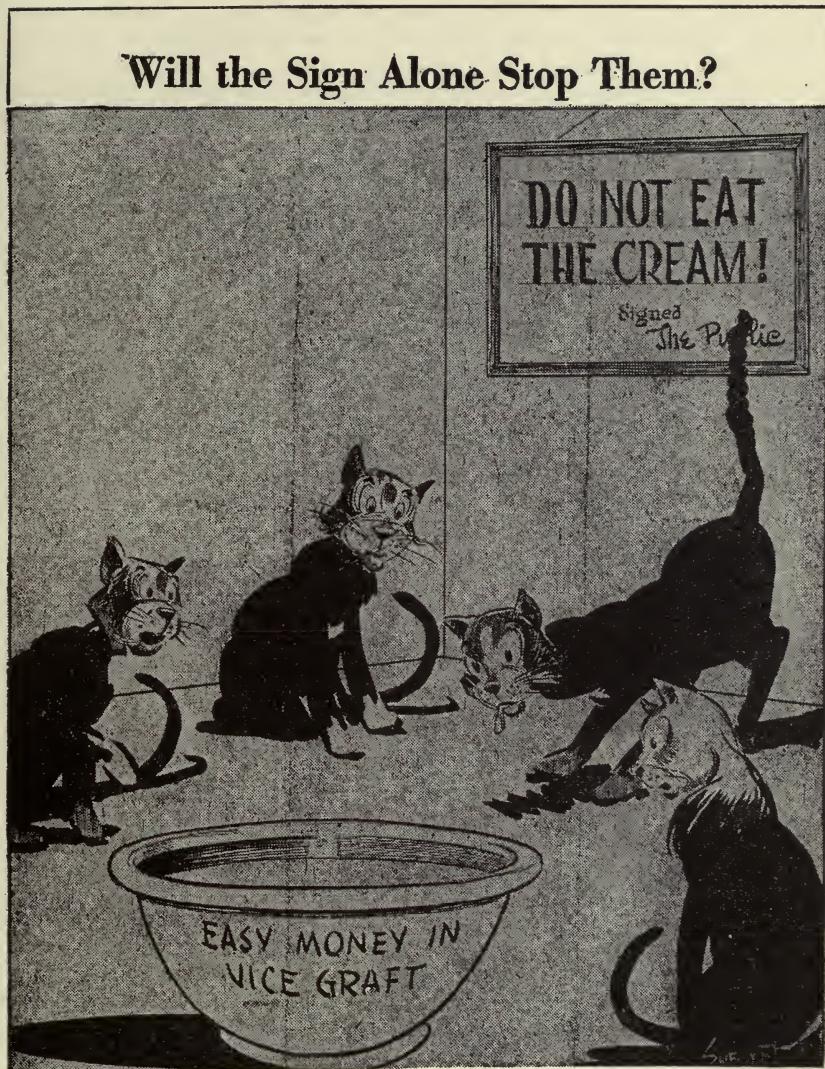
Although it be granted that such communities ought to investigate these hazards and provide this protection even though the prostitutes may not request it, the fact remains that the states which have not adopted effective measures for preventing the activities of prostitutes are the same states which have the poorest record for protecting them. Similarly, communities which start from this same premise that the activities of prostitutes are not sufficiently anti-social to require efficient measures to prevent them, find it difficult to enforce their laws against the keepers of brothels in which the public is told prostitutes are eager to live and operate.

If brothels, then, are to be tolerated, it is easy for those who benefit politically or financially from prostitution to get a favorable hearing for their proposal that all brothels should be brought together into one place so that police control would be easier and more efficient. These are the steps in the reasoning of communities which now have or are considering the establishment of so-called red light districts.

Even in those states which have adequate laws to prevent the activities of prostitutes as well as laws for their protection and incidentally for the protection of the public, there is a tendency at times, particularly during hard times, to concentrate on the enforcement of the former group of laws to the neglect of the latter. The reason for

<sup>3</sup> Connecticut, Delaware, Maine, Maryland, Michigan, New Hampshire, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Rhode Island, Vermont, Wisconsin, Wyoming.

<sup>4</sup> Alabama, Arizona, Arkansas, Florida, Louisiana, Mississippi, Missouri, Oklahoma, South Carolina, Tennessee, Texas, West Virginia.



### NEWSPAPER COOPERATION IN THE CRUSADE AGAINST COMMERCIALIZED PROSTITUTION

A cartoon appearing in the *San Francisco Chronicle* under date of June 5, 1936. Newspapers throughout the country may generally be counted upon to join in exposing unsavory community conditions, crooked political situations and other aspects of the business of commercialized prostitution.

this shift of emphasis is mainly that it is easier and less expensive for the police to get the evidence against the prostitute than to gather evidence against the trafficker who lives on her earnings. The proof of the offences involved in trafficking or exploitation is not only much more difficult, expensive and time-consuming, but often requires co-operation of the prostitute which she is generally unwilling or afraid to give. Also communities which have failed to press action continuously against traffickers and exploiters generally find that they have entrenched themselves politically or otherwise, and are very difficult to dislodge.

There is another serious danger which such communities must face as a result of concentrating official action upon the prostitute rather than upon the third party in prostitution. This danger is that public opinion will turn against a program which can be properly charged with sex discrimination; and which can be shown to be accomplishing nothing by dragging the prostitute again and again through the courts. When public support for law enforcement collapses, police activity ceases, and wide open prostitution eventuates.

The next fallacious step is likely to be the establishment of some form of license or official toleration; or a growing sentiment for the abolition of all laws penalizing the activities of prostitutes, and action by the authorities only against flagrant activities of third-party exploiters. Such communities tend to become the mecca for prostitutes from all parts of the country. Furthermore new forms of exploitation of both men and women spring up.

### *Voluntary Groups*

#### *1. National Organizations*

In addition to the American Social Hygiene Association there are a number of women's and church groups still active in the fight against the evils here discussed. Among these is the Woman's Christian Temperance Union which has as a part of its platform "unrelenting opposition to the return of the scourge of red-light districts." This organization is particularly active, as its name implies, against the liquor traffic and in favor of the return of prohibition and of local option as the first step in its control. The liquor traffic by its stupid and reckless disregard of law, including its alliance or connivance with prostitution, and encouragement of juvenile sex delinquency, is unwittingly aiding such welfare efforts.

The General Federation of Women's Clubs, the National League of Women Voters, the National Congress of Parents and Teachers include in their programs studies and work closely related to these problems.

The Legion of Decency of the Catholic Church was the spearhead of a successful campaign, also supported by the Protestant churches and many other groups, for the elimination of sexual indecencies from moving pictures. Latterly this campaign has included an attack on

the so-called sex magazines which, while not always violating the law against selling obscene and indecent literature, may certainly be characterized as objectionable and demoralizing to youth.

These various voluntary agencies operate not only nationally but through their local branches and affiliates, which in some cases exist in every state. Their potential influence in the formation of sound public opinion is enormous. In some cases, however, that influence, as far as law enforcement against prostitution and allied evils is concerned, is diluted by the very multiplicity of the planks on other subjects in their platforms. Or it is dissipated by preoccupations with special interests, the active campaigning for which tends to alienate many groups of the public.

The American Social Hygiene Association, for these and other reasons, has found it necessary to continue as the national voluntary organization promoting this phase of social hygiene in addition to its other activities. The Association has had occasion to study every side of the prostitution problem, both in America and in other countries in all parts of the World. The information and data gathered has been made available through published articles, correspondence and field service. Surveys have been made to acquaint lay groups in cities and states with their true local situations, and to demonstrate how citizens may cooperate with the authorities in law enforcement and improvement of environmental conditions. Recently new methods of making surveys without trained under-cover investigators have been tried. One of these methods seems to have considerable merit. In substance the plan calls for a committee of responsible citizens to sit as an unofficial Grand Jury. Then persons possessing or believing that they have information "testify" before this jury. Their statements are considered in terms of legal evidence and evaluated in other ways to determine whether they are pertinent and important in supporting a demand upon the authorities for formal investigation and action.

Among other promising methods tested is one based on correspondence with the national office of the Association, and self-appraisal of conditions. In this manner local committees have undertaken their own confidential observations, after a careful reading and study of selected vice reports of other cities. The legal staff of the Association has assisted by letter in the analysis of the facts collected. Whenever possible trained investigators have made a brief independent check-up on the findings of the local committee, followed by recommendations as to further observations needed.

## 2. *State and Community Voluntary Agencies*

There are a dozen or more state or municipal voluntary associations throughout the country with continuing programs which include legal and protective measures in social hygiene. These are located for the most part in the larger cities east of the Mississippi. Owing to reductions in staff and budget other associations lately have been forced to concentrate their activities on only the one or two phases of social

hygiene which they were best equipped to undertake. In many cases this has meant that legal and protective measures have been necessarily curtailed in favor of medical or educational activities. Nevertheless the Juvenile Protective Association in Chicago has continued to do excellent protective work through the depression, especially in connection with bad conditions in dance halls, road houses, and saloon taverns. The Children's Aid Society in Buffalo and the District of Columbia Social Hygiene Society have continued active work. The reorganized Committee of Fifteen in Chicago has recently broadened its program and increased its effectiveness. The Cincinnati Social Hygiene Society and Missouri Social Hygiene Association of St. Louis, while devoting most of their efforts to the field of education, have maintained committees on legal and protective measures and have cooperated with the police and courts. In Kansas City the Anti-Vice Society continues its efforts. The Baltimore group (The Maryland Social Hygiene Society) transferred its activities in this field to the Criminal Justice Commission. The Massachusetts and the Portland (Oregon) societies have devoted most of their efforts to the field of education but the former has included lectures on the need for legal and protective measures in its program while the latter has struggled to counteract the reactionary activities already described. The New York and New Orleans societies have specialized in medical measures and public health and have devoted little time to legal and protective measures. This has been true in a measure of the Cleveland Association. The Toledo Social Hygiene Council works especially for law enforcement. The Committee of Sixteen, Erie, Pennsylvania, one of the oldest of such groups, keeps up a vigorous fight.

Supplementing activities of the organized societies there are a number of church and other groups throughout the country which have taken or are beginning to take active interest in this field. Some of these have been mentioned. Other groups are located in Scranton, San Francisco and Houston.

### *What Should Be Done About Prostitution Conditions*

The National and State governments should take the leadership and assist the police and courts of local governments both in setting up approved programs of legal and protective activities, and in securing funds to enable them to carry out adequate programs. This could be done in the same way that these governments are now assisting local health departments to set up and carry out venereal disease programs. The American Social Hygiene Association should concentrate on securing this Federal and State leadership and the necessary appropriations for carrying it out. Voluntary groups should assist in this development.

The need for united action and clear thinking is illustrated by what has been taking place in relation to social hygiene problems of the many groups for which the Federal Government has become responsible in recent years. Under ordinary conditions the families to which young people belong and the communities in which they live are

responsible for protecting their health and welfare, and for preventing or eliminating environmental conditions which are inimical thereto. But when large numbers of young men are removed by the Government from their own homes and communities and stationed in camps, nearby communities are usually either unwilling or unable to provide favorable environmental influences or afford this protection. They are often unwilling because they feel that any bad conditions which exist in their communities are caused or at least aggravated by this sudden influx of large numbers of unattached males. They are often unable because their legal and social machinery is inadequate fully to protect even their own young people from these conditions. Some of these communities near camps, particularly in the Southwest, have been totally unable to control the liquor traffic and have frequently become a mecca also for gamblers, drug peddlers, and various other underworld characters who prey upon the young and the weak.

Unless, therefore, the States or the Federal Government can assist these communities to cope with the problems, the health and welfare of the young men in the camps and of the young people in the adjacent communities are endangered, and everyone suffers.

The States are now able to apply for federal grants as provided by the Social Security Act, to assist local health departments in providing better facilities for the diagnosis and treatment of venereal diseases and, to put into operation modern epidemiologic methods for bringing to treatment all sources of infection and, as far as possible, all contacts with such sources.

If the practical application of this health program is worked out so as to include the provision of hospital or other facilities for quarantine of infected persons who cannot or will not cooperate in protecting others, it will help materially to safeguard the health of the young people in question. But experience has shown that this protection is incomplete and unsatisfactory in communities tolerating social conditions which encourage promiscuity. Quarantine of the most dangerous cases is not permanently effective under such conditions, as they are released back into the community to resume promiscuous activities. When these social conditions also include red-light districts, scattered open brothels, and disorderly dance halls, hotels or rooming houses, conditions which are illegal in nearly all states, they furnish ample opportunity for promiscuity for many other persons who are not yet infected, but soon become so. Any toleration therefore seriously hampers and tends to destroy the effectiveness of public health programs.

Quite aside from their damage to public health these illegal social conditions are destructive to public order, and to those standards of sex behavior and attitudes toward the opposite sex which are essential to the maintenance of sound home and family life.

The agencies of the state and local governments which are charged with the responsibility for preventing or suppressing these illegal and destructive social conditions are the police and the courts. As has already been stated, the normal difficulties which local law enforcing agencies experience are greatly magnified when the Federal Government sets up camps for young and vigorous men in the neighborhood. It follows that the Federal Government, because it has by its own action made the task of the local authorities more difficult, and the danger to the health and welfare of the young men under its care more acute, should assist in coping with these illegal social conditions. There is needed some federal provision for this purpose comparable to the giving of financial and other assistance to state and local health departments. Such practical assistance to the state and local law enforcement departments would bring about a prompt response similar to that observed in 1917 when the public rallied to the support of the Army and Navy in protecting the youth of the nation from conditions which threaten them today.

Increasingly it becomes evident that the experiences and lessons of one generation do not carry over to the next, without persistent and effective education. The case against prostitution must be presented anew to many communities in this country, if we are to protect youth from some of the most tragic results of sex exploitation of older generations.

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#### The Indictment—

##### ***Commercialized Prostitution***

1. Strikes at the home and family
2. Injures public health
3. Exploits young people
4. Increases graft
5. Encourages sexual promiscuity

## WHY LET IT COME BACK? \*

### *The Case Against Commercialized Prostitution and Segregated Vice Districts*

“Prostitution is the oldest profession in the world.”

“You can’t change human nature.”

“You might as well face the facts. There’s always going to be prostitution in the world, so isn’t it better to keep it under control and make it sanitary by forcing all the girls into one district and having them examined by a doctor so they will be safe? Then a man who wants to satisfy his desire can go to the segregated district and not run the risk of getting disease.”

That’s the argument the underworld makes.

What truth is there in it?

#### ***Segregation Does Not Segregate.***

It is impossible to get or keep all, or even most, of the prostitutes in a community inside of one reservation.

Many a city thinking it had a model red-light district found out that 80% of its prostitutes were located outside this district; and so the district was abolished and prostitution repressed wherever it appeared.

#### ***It Creates New Prostitutes.***

The existence of licensed or tolerated brothels either inside or outside such vice districts makes it easy for new girls to begin careers of commercial prostitution. It provides a steady and lucrative market for the procurers whose business it is to recruit prostitutes. It furnishes an ideal opportunity for exploiters to live on the earnings of prostitutes. Investigations conducted by two commissions of enquiry of the League of Nations into traffic in women and children support these conclusions. (See page 436.)

\* Under the title *Why Let It Burn? The Case against the Red-Light District*, the facts presented in this statement were given wide circulation during and after the World War, and were largely responsible for convincing community leaders and police authorities that more than 200 red-light districts should be closed. The arguments advanced are as valid today as then, and from current trends apparently almost as necessary, if the segregated vice district is to be prevented from again becoming a tolerated institution in the life of many communities.

Moreover, when prostitution is easily accessible to boys and men, they learn and form habits of seeking it with greater frequency; in other words, a red-light district increases the demand for, which in turn increases the supply of, prostitution. New girls must constantly be brought in to fill this demand.

Again, to patronize prostitutes after waiting in line with half a dozen other men is not romantic but sordid. The man-about-town soon tires of this, but, his sex appetite being artificially stimulated, he seeks a clandestine prostitute or sex satisfaction from some weak-willed or trustful girl who may thus be started on the road to prostitution.

In all these ways the red-light district, the licensed and tolerated brothels and all other forms of commercialized prostitution are constantly making prostitutes from girls who might otherwise never enter the life, and customers from boys who might otherwise never patronize the brothels.

### ***The Segregated District is a Disease-Breeder.***

The underworld asserts that the professional prostitute does not spread disease: "She knows her business well enough to take good care of her stock in trade." They claim that all the gonorrhea and syphilis come from the "amateur."

#### *What are the facts?*

In a study of the old Barbary Coast of San Francisco, 97% of the prostitutes were found to be infected. In the old Baltimore "district" it was found that 96% of the inmates had a venereal disease. And so it goes, down to studies of the smaller towns like Pottsville, Pa., where there were three houses with 20 prostitutes, each of whom had a physician's certificate that she was free from disease,—and 18 of them had syphilis or gonorrhea, or both.<sup>1</sup>

It is true that the "amateur" or "charity" girl may also be infected. Nearly every promiscuous man or woman con-

<sup>1</sup> In many parlor-houses the customer pays his money in advance to the madam or landlady, who then punches a card for the prostitute designated. At the end of the day's work the punch-marks are counted and each prostitute is credited with her share of the receipts. In a study of one of these Pottsville houses containing three prostitutes, all of whom were syphilitic, the day's cards were seized and presented as evidence in court. They contained 49, 37 and 28 punch marks respectively.

tracts, sooner or later, at least one of the venereal diseases, although they may not know it.

*But who does the most damage?*

Since all prostitutes are likely to become diseased, the amount of harm they do is measured roughly by the number of men they expose to infection. The most promiscuous "charity girl" rarely has sex contact with more than two or three different men in a week. She may infect each of them with gonorrhea or syphilis; but the red-light district prostitute will ordinarily expose many times that number in the same period.

*These are the facts.*

***Medical Inspection Is a Ghastly Farce.***

No reputable and competent doctor will sign a statement that a prostitute is free from venereal diseases. The single brief examination such as is usually permitted for both syphilis and gonorrhea only serves to detect the obvious cases even among those who are honest and cooperate in every way. The failure to discover infection in such manner does not prove that those examined are not infected. Most prostitutes and the madams and men who exploit them do everything possible to avoid discovery of infection by official examiners. Medical certificates are not a reliable means of selecting a prostitute free from disease. And, of course, after examination she may become infected and be infectious before the next examination. Also since she is constantly having sexual relations with men who may be infectious, it is always possible for her to transfer infection to her male partners—even if she does not develop the infection herself.

Thus the ignorant or reckless individual who visits a brothel, because he has a mistaken faith in a medical certificate, contracts syphilis or gonorrhea all the more surely because in his over-confidence he takes no precautions.

No city, by any system of medical inspection, has been able to safeguard prostitution from spreading the venereal diseases. The requirement of mechanical and chemical prophylaxis in brothels is not practical for either the men or women; and the voluntary use of such measures by a woman

is difficult, while for a man it is uncertain and superficial even when he knows what to do and is sober.

### ***The Business CAN Be Stopped.***

The underworld is fond of repeating the age-worn excuse that prostitution,—“the business,” as prostitutes call it,—is based on human nature, and cannot be stopped.

The truth is that, just because it is a business, commercial prostitution can be effectively repressed much more easily than is generally believed. It can exist only with police protection, active or passive. When the underworld sees that a city is in earnest, it will not fight; for there is no profit in fighting, and the prostitutes and procurers are in the business for profit only.

Take the profit out of commercialized prostitution and it dies.

When commercialized prostitution exists in a city, it exists *because public opinion consents to it.*

And don’t forget—it is commercialized prostitution that is responsible for much physical and moral degradation as well as economic loss to society.

### ***The “Scatteration” Yarn.***

According to the underworld propaganda the closing of licensed and tolerated brothels in a red-light district merely means that prostitutes are scattered into respectable sections or neighborhoods to live and operate.

This is the biggest fallacy of all to anyone who knows the facts. *Toleration*, which is responsible for creating or attracting many new prostitutes to a city—among whom are those who cannot or will not live in a district—this is the real cause of scatteration.

The most successful prostitutes have always operated quietly in the hotels, apartment houses, or other convenient parts of the city easily accessible to customers willing to pay higher prices, and where the conditions of living are more satisfactory.

No one pays much attention to them, because the segregated vice district holds the center of the stage and blinds all eyes. There are at least enough of them in the district so the public is easily led to suppose that all are there.

*It is only when the district is abolished that the public begins to look around and finds that prostitution, having been officially recognized as an established business, has been also thoroughly establishing itself in many other parts of the city outside the segregated area.*

That is the time for the city to rid itself of the whole institution of commercialized prostitution, by enforcing the laws.

Honest law enforcement abolishes "the business" instead of scattering it, because, like other businesses, this one depends for its success on the profits derived from many customers who are attracted and held by usual business methods.

These conditions cannot exist in the residence sections of a large city, or in a small country town, unless the police and the public shut their eyes. The situation, good or bad, reflects the public sentiment of the community.

### ***The Rape Fallacy.***

The underworld often tries to justify itself by claiming that the existence of a segregated vice district safeguards the decent women of the community against annoyance, insult and rape.

*What has been the experience of cities that have extinguished the red lights?*

A careful study of these cities shows that in almost every case there is less rape after, than before, the segregated district was closed. In no case is there evidence that the repression of prostitution has resulted in a "carnival of crime."

*The segregated district does not lessen crime; it breeds crime.*

### ***The Question of Promiscuity.***

Will the abolition of red light districts and the repression of commercialized prostitution lead to more promiscuity in the population? There is evidence to the contrary. Promoters of prostitution constantly stimulate the curiosity and desires of men by every known method. When these methods are stopped there is less demand. This means less money and proportionately greater expense to operate the business. Non-commercialized promiscuity depends on other factors than those involved in the whipping up of a large trade for commercialized prostitution.

### **What Other Countries Are Doing.**

For a time the practice of foreign countries, especially France, was often cited by the ignorant, as an example of how prostitution ought to be handled. It was supposed by these people that in Europe, South and Central America, prostitution was carefully segregated, regulated, licensed and guaranteed to be sanitary,—that the system produced wonderful results.

This was a delusion. Proof of the miserable failure of the system of regulation and inspection in foreign countries has been demonstrated by the League of Nations' world-wide investigations and admitted by most of the European authorities. The system has been abandoned entirely in such European countries as Czecho-Slovakia, Holland, the Scandinavian countries, Great Britain, and Switzerland. It has been practically abandoned in Germany, Austria, Poland, Danzig, Estonia, Finland, Latvia, India, Hungary. It is disappearing in Japan. Other countries which have never had or have abandoned this policy in whole or in part are the United States of America, Canada, New Zealand, Australia, South Africa, Cuba, and Uruguay. Countries such as Argentina and Brazil have persistently tried to limit districts and control the third party exploiters. It has been realized that it was impossible to get more than a few of the prostitutes regulated and that the false security resulting from medical inspection has spread more disease than it has prevented.

We have profited by the mistakes foreign countries have made in trying to "regulate" prostitution. We must not repeat them now.

We cannot profit by their successes, for they have had none. Dr. Abraham Flexner's book, *Prostitution in Europe*,\* published in 1914 and translated into many languages, discusses the European situation from many angles. Anyone who thinks that America would be better off if it followed European methods of dealing with prostitution should read this book before expressing an opinion, based on hearsay rather than knowledge. His findings were confirmed by the League

\* Flexner, Abraham. *Prostitution in Europe*. New York. The Century Company, 1920. 455 p. \$2.00.

of Nations' official studies, and are as applicable today as they were at the time he published them.

### ***Who Is Defending Regulation?***

The segregated district, licensed and tolerated brothels, and all other forms of commercialized prostitution mean not less, but more disease.

*It means not less, but more crime.*

*Who, then, wants it to exist?*

It is favored by *prostitutes* who cannot operate by themselves and can be controlled by the exploiters.

It is strongly defended by the *madams and pimps* who exploit the prostitutes.

It is advocated by *some police and politicians* who fatten off the prostitutes, pimps and madams.

It is quietly encouraged by *landlords* who can force an exorbitant rent for their properties.

It is encouraged by *the quack practitioner* who profits by the sale of certificates of inspection and whose practice is enlarged by the patronage of diseased prostitutes and their patrons who are advised to consult them.

In short, commercialized prostitution and the regulation thereof is generally defended by *those who are making money out of it*.

And they are able to confuse a certain number of well-meaning people with their arguments.

The United States has tried all systems, from maintaining its own segregated districts or stockades to strict law enforcement. Adequate legislation and its enforcement is the only general method now officially approved for combating commercialized prostitution and its attendant evils. During the war General Pershing wrote:

*"Many of us who have experimented with licensed prostitution or kindred measures, hoping thereby to minimize the physical evils, have been forced to the conclusion that they are really ineffective. Abraham Flexner has argued the case so convincingly that on the scientific side it seems to me there is no escape from the conclusion that what he terms 'abolition' as distinguished from 'regulation' is the only effective mode of combating this age-long evil."*

Since then the military and naval forces of the United States have formally recognized the established public health

and law enforcement programs for control of syphilis and gonorrhea and protection against the hazards of commercialized prostitution.

***All Evidence Is Against Commercialized Prostitution and the Segregated District.***

***WHY LET IT COME BACK?***

*It is claimed that*

***Segregation:***

Decreases crime by enabling police supervision of a recognized crime center.

Safeguards against sexual perversions by providing an outlet for the unrestrained sexual appetites of men.

Protects boys and young men from contact with the prostitute by removing temptation from the streets and residence districts.

Decreases prostitution by regulation.

Decreases venereal diseases through medical inspection.

Concentrates prostitution, thus facilitating control and reduction.

Simplifies control of liquor traffic in connection with prostitution.

*The Truth is that*

***Segregation:***

Increases crime by fostering lawlessness and disease, providing a meeting-place for the idle and vicious, with whom, rather than with the police, the prostitutes sympathize and usually cooperate.

Fosters sexual perversions and abnormal practices by educating men in habits of promiscuous sex relations until they cannot be satisfied by the professional prostitute except by perversions which she is compelled to practice.

Exposes boys and young men to contact with the prostitute, by presenting an ever-present opportunity to "go down the Line and see the sights." Provides a show-place for special obscene and depraved exhibitions, to which the youth is lured by "runners" and the sale of lewd pictures.

Increases prostitution by increasing the demand, which increases the supply.

Increases venereal diseases by deceiving the ignorant into a disastrous reliance upon a frequently "faked" and inevitably futile medical inspection.

Increases prostitution, making it familiar by continual advertisement. Affords a place of commerce, otherwise uncertain and precarious, to the least attractive of prostitutes, mentally and physically.

Complicates illegal liquor traffic control, since the most profitable commercialized prostitution does not flourish without liquor.

Prevents crimes against women.	Incites crimes against women by fostering sexual promiscuity and providing a source of sexual brutalization and degeneracy.
Protects the community from offensive and detrimental proximity of prostitution.	Exposes the community by advertising prostitution as a community necessity, making it easily accessible and tolerated, a condition conducive to the moral degradation of the community.
Decreases graft in connection with prostitution, and the exploitation of the prostitute.	Increases graft, by illegal toleration of commercialized crime, tempting the police to exact illegal revenue and confer illegal privilege. Gives free rein to the exploitation of prostitutes.

### **Which Side Are You On?**

### **What Is Your Community Doing?**

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**The Commentator**, a new handy-size magazine of current events and personalities, with Lowell Thomas as editor, and numerous other radio commentators as contributing editors and authors, is printing a new series of three short, popularly written articles by Bascom Johnson on *Prostitution in the United States*. Introducing the first article, in the March issue, the editors say—

“When the *Reader’s Digest* startled the country with its striking article on syphilis—that was the beginning of an airing of the subject of what bowdlerites called ‘social diseases.’ Newspaper readers were surprised to see familiar terms, hitherto restricted to quack cure ads, boldly headlined. But one main cause of these diseases is something needing exposure quite as much as the cure. That is why *The Commentator* presents a series of authoritative pieces on prostitution in America—a problem both social and medical, and, of course, political.”

## AN OPEN LETTER \*

### *To Any Community in Search of Freedom from Commercialized Prostitution*

You ask, "What measures do you consider can be taken, legal or voluntary, to check the business of prostitution?" To answer your question let me state your "problem" as we see it.

First, however, let me say that from a long and varied experience in dealing with such conditions in many cities throughout this country, we have no hesitation in stating that it is perfectly practicable for the authorities to suppress the open and flagrant operations of prostitutes and those who exploit them for gain, provided a large and important section of the public is not opposed to such suppression. It has also proven practicable, under the same conditions of public support, to reduce greatly the amount of semi-clandestine and clandestine prostitution by the unremitting and intelligent efforts of the police when those efforts are adequately supported by the courts. All of the many chiefs of police with whom we have talked, unless they were themselves corrupt or tied hand and foot by a corrupt political machine, have admitted the truth of this statement.

Your problem then, as we see it, is to determine *first* whether there is any large and important section of your public which is opposed to the repression of your existing manifestations of vice. If your answer to this question is in the affirmative, then your obvious next step would be to educate the public: (1) concerning the damage which these conditions cause to public health, stressing particularly, perhaps, the effects on innocent women and children; (2) the relation of commercialized prostitution to the sex delinquency of growing boys and girls; and (3) the effect of these conditions on the home and family life of the community in general.

If, however, as we believe, the people of your community can, in the main, be depended upon to support the authorities in their efforts to provide a reasonably clean environment for the youth of the city to grow up in, then your next step would be to find out from the authorities what efforts they have made recently and are now making to repress these evils, and what are the obstacles which have prevented their achieving the sort of success, for example, which was achieved in many communities during 1917 and 1918, when normal prostitution problems were greatly aggravated by the influx of thousands of

\* This letter was written in reply to an inquiry from the Social Hygiene Committee of a large city, as to how to use effectively the facts revealed by a confidential study of prostitution conditions made by the American Social Hygiene Association.

soldiers and sailors. At that time, to the personal knowledge of our staff as Army officers detailed to this work, spectacular results were obtained, and the incidence of the venereal diseases among soldiers and sailors stationed in or near these communities reached a low point.

While it was true at that time that the local authorities received much moral and material support from the Army and Navy and from state official agencies, nevertheless the bulk of the work was done by the local authorities, and the achievement, therefore, was mainly theirs. We suggest that comparison of the venereal disease incidence rate among soldiers and sailors stationed in or near your town in 1917 and 1918, with the present rates among troops now similarly situated (if there are any) might be helpful. In some cases Army surgeons have sought and obtained the cooperation of the local police in reducing prostitution because the venereal disease rate has been alarmingly high among the troops. Of course, any efforts to protect soldiers and sailors from such conditions are of equal benefit to civilians in your city.

In making your approach to the authorities, we suggest that you select from your group, or enlist elsewhere, important and influential individuals to interview the chief city officials such as the Mayor, the Commissioner of Police, the judges who deal with this problem, and the prosecuting officer who represents the city or state in the trial of such cases. Tell them what you have learned about local conditions, and invite them to come or send representatives to a conference to discuss ways and means for improving the situation. In order to forestall a possible refusal to come, or a denial by any of the above-named persons that the conditions as pictured actually existed, it would be well for some member of your committee to go over the situation with the Chief of Police, obtain his endorsement of the facts you have secured and get his consent to the calling of this conference, and ask his advice as to the best way of bringing it about.

If the Chief feels that what you have discovered reflects too severely upon his department, he may not wish other city officials to be brought into it at all. If on the other hand, as is likely, he has discussed his difficulties with his superior officers, he will welcome friendly discussions between them and the judges, particularly in an effort to bring about closer cooperation.

From experience, we prophesy that the Chief may say that his best men are discouraged by the lack of cooperation of the judges. It would be well, therefore, to find out for yourselves, by having someone attend a number of sessions of court, just what the attitude of the judges is and what sort of disposition they make of these cases. A competent criminal lawyer would be the best person to do this as you would then have reliable first-hand information on court cooperation before the conference. You would know, for example, whether or not any of the cases which were discharged by the judges had been well prepared and presented by the police and with sufficient evidence.

As regards the statements quoted in the report as made by the underworld characters, that certain of the district police are grafters and "tipping off" the madames of certain houses to impending raids by the central office squad—that is entirely a question of police administration and does not need to be discussed at a conference with officials of other departments of the city government. The Chief will know how to check this sort of thing without any advice. If there are any of the police whom the Chief suspects of changing their evidence between the time of the arrest and the time of trial, as sometimes occurs in the best of police departments, we venture to suggest that there is a very simple check on this kind of thing with which an experienced police chief is undoubtedly familiar.

As you will have observed, if you have read this far, there is a good deal of spade work necessary before such a conference as we have suggested can take place with much hope of success. The more you know first hand about the administration of your Police Department and the Courts in dealing with this problem, the more likely you are to accomplish something worthwhile. Unless your city is vastly different from most others, you will find that the records of both these departments of your government have never been summarized and analyzed to answer many of the questions that a business man would expect to ask and have answered about the administration of his private business. You may decide that you can't make much headway until considerable research into these records has taken place. When you have full knowledge regarding efforts which the police and courts are now making to solve this problem, know the special difficulties which confront them, and the extent and importance of the public opinion which supports them, you will have made a good start towards answering your question which we have quoted at the beginning of this letter.

THE AMERICAN SOCIAL HYGIENE ASSOCIATION

#### Source Material

The Association invites correspondence regarding source material upon *Prostitution as a Community Problem*. In most libraries with reference service, files of the JOURNAL OF SOCIAL HYGIENE may be found, containing valuable and practicable articles on the varied aspects of this problem. Back numbers of the JOURNAL and reprints of many special articles may be secured.

Field service for study of local situations can be arranged, if the conditions and their importance warrants assignment of available personnel to this purpose. The Association always welcomes personal visits of community representatives to the national office to discuss this problem and all other questions related to the field of social hygiene.

# TENTATIVE OUTLINE FOR A TALK ON SOCIAL HYGIENE LEGAL AND PROTECTIVE MEASURES

## AND THE PART OF SOCIAL WORKERS IN SUCH A PROGRAM

### EDITOR'S NOTE:

*In response to frequent requests for suggestions upon which talks to general and professional groups might be based, the following outline has been tentatively prepared. The Association will appreciate comments and advice on revision for possible pamphlet use, as well as views upon the general value of such outlines for lecture purposes.*

### **I. What is prostitution?**

"The legal and protective aims of social hygiene are concerned chiefly with eradicating the third-party interests in commercialized prostitution—those environmental, political, and business interests which combine to promote for gain the exploitation of men and women in sex practices which are anti-social, degrading and damaging, particularly to youth and to the family; and with the building up of counteracting influences through wholesome recreation, leisure-time activities, and friendships of men and women."<sup>1</sup>

"What is prostitution? Prostitution means the giving or receiving of the body for sexual intercourse for hire, and the giving or receiving of the body for indiscriminate sexual intercourse without hire. It will be noted that under this definition both men and women are included. Everyone knows that this has not always been true, and it is not true to-day in most of our states. Prostitution is defined in the dictionary as the common lewdness of a woman for hire. As prostitution has no common-law meaning, this dictionary definition has been generally followed by the Courts in this country, except in 13 states, which have adopted since 1919 by statute, the model definition given above."<sup>2</sup>

### **II. Why is commercialized prostitution dangerous to the community and the individual?<sup>1</sup>**

1. Undermines the integrity of the home
2. A demoralizing influence on youth
3. A prolific source of the venereal diseases
4. Prostitution and other forms of crime closely associated
5. Breeds corruption in officials and the public
6. Leads to sordid exploitation of women and girls, men and boys.

### ***III. Commercialized prostitution as a business.<sup>3</sup>***

1. The old theory of sexual necessity a fallacy<sup>4</sup>
2. Prostitution not profitable without artificial stimuli to develop the market
3. Reasons why girls become prostitutes: Character of the girl through early conditioning; maladjustment in the home and community; economic factor has a part, *not necessarily a leading part.*

It has been said that in any group of girls, one-third would not under any conditions of poverty or other unfavorable environment enter a life of prostitution, one-third could be persuaded, and the behavior of the other third would depend entirely on their surroundings and the influences brought to bear.

#### *4. Organization of commercialized prostitution<sup>1, 3</sup>*

The Philadelphia Vice Commission (1913), pioneer in the crusade against commercialized prostitution, stated, "Commercialized vice is a business conducted largely by men, and the profits go mainly to men. Women are merely the instruments, and rarely receive more than a fraction of their wage. Eliminate the disorderly saloon, the procurer, the cadet, and the abnormal profits of the landlord, and a long stride is taken toward the solution of the vice problem,—you have checked the supply and reduced the profits of the business. Segregation of vice, whether by statute or by police regulation, as a means of control of prostitution, or of its effects, is a demonstrated failure."

The personnel in the business of prostitution include the following: the landlords; souteneurs (procurers or panderers); pimps, who are the "protectors" and "lovers" of prostitutes and share in their earnings; madames who operate houses or apartments for prostitution; go-betweens, such as taxi-drivers, hotel employees, etc. who steer customers; free-lance prostitutes, either flagrant or clandestine (furtive) in their operations,—all are commercial; groups of prostitutes operating in a house or apartment with or without the supervision of a madame or other manager; and the customers.

### ***IV. Efforts at control.***

1. An old problem recognized and mentioned many times in the Bible. Throughout history severe and inhuman penalties have been imposed against prostitutes in an effort to control this traffic. Until the last century it has not been recognized that those profiting from the earnings of prostitutes, and the customers, are also guilty in the eyes of society.

2. *In Europe*, two general systems of handling prostitution<sup>3</sup>

- a. *Regulation*, meaning toleration under certain conditions. Usually includes the following procedures: the prostitute applies to the police for permission to carry on her trade; her name and the abode are registered; she agrees to live in a certain place, to avoid certain localities, and certain associations, to refrain from certain acts; and to appear at regular intervals for medical examination. The intended objectives are: preservation of public order, and promotion of public health. Experience has proven these objectives cannot be attained. Regulation has been abandoned in Great Britain, Holland, Denmark, Norway, Germany, and Russia. It is dying out in France, Belgium, Sweden, Italy, and Japan.
- b. *Abolition*, meaning a refusal to recognize prostitution as a means of livelihood, enforcement of laws against prostitution by police and courts, the health problem left to the health authorities.

3. *In the United States*<sup>1, 3</sup>

- a. Early work of the city vice commissions, beginning with Chicago in 1911, about 30 in number.
- b. Work of the American Social Hygiene Association, 1914.<sup>1</sup>
- c. The World War. Formation of the Interdepartmental Social Hygiene Board. Formation of American four-fold program—medical, legal, protective, informational.
- d. *Present conditions and trends*
  - (1) Recent surveys in United States communities<sup>3</sup> show backward tendencies.
  - (2) Laws directed at prostitution fairly adequate, but in some states stronger laws would help in achieving objectives. There are two groups of laws directed at prostitution: those against the third-party exploiter, and those against the activities of the prostitute and her customer.
  - (3) *Functions of police and courts* in combating prostitution. Importance of directing law enforcement against exploiters rather than against women prostitutes who may be only the agents, and often the helpless victims.
  - (4) *Functions of health department.*<sup>1</sup> Importance of differentiating between functions of police and courts on the one hand, and functions of health department on the other. The one handles offences against the law; the other the venereal diseases as a health problem.

**V. Protective social measures to prevent prostitution, and to rehabilitate those who have already become offenders.**

1. *Environmental measures* to eliminate degrading community influences, *e.g.* regulation and proper supervision of commercial and non-commercial types of amusements such as dance-halls, roadhouses, saloons, moving-picture houses, parks, playgrounds, etc.<sup>6</sup>
2. *Prevention of sex delinquency*, including all worthwhile educational and character-building efforts, *e.g.* schools, churches, boys' and girls' clubs. Promotion of wise use of leisure time. Work of women police, social work in schools, child guidance clinics, and voluntary child and adult protective societies, *e.g.* Travelers Aid, Girls Service League, etc. Vocational guidance.
3. *Rehabilitation of sex delinquents.* Work of reformatories, juvenile court, and probation<sup>8</sup>

**VI. The place of the social worker in a program of legal and protective measures.**

1. First essential, a knowledge and understanding of the principles involved, and of the recognized methods of handling commercialized prostitution.
2. The social worker's opportunity lies in and can be developed according to his individual specialization in social work.
  - a. Welfare and protective activities for prevention of delinquency, including sex delinquency.
  - b. Following those who have become delinquent through the courts, and supplementing the court and institutional machinery by sympathetic and practical assistance.
  - c. On the side of rehabilitation.

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## EDITORIALS

### CIVILIZATION MUST FLING DOWN THE GAUNTLET

“What would happen in a city—if the police, spurred and controlled by an active popular impulse, accomplished all that could be humanly expected? Street-walking of a provocative character would disappear; the advertised brothel would cease to exist; the public house [saloon] would strictly enforce the law against the harboring of prostitutes; the obvious forms of spurious employment would be dispersed,—rendered more circumspect and much less readily accessible; prostitutes would disappear from the lobby and promenade of the variety theaters, etc. The pimp, the exploiter, the third-party interest would be severely checked and, with that, the tropical growth due to them. We may also assume that a vigorous and adequate hygienic policy would lessen the volume of disease, and effect quicker and completer cures. In a word, prostitution as an offensive and aggressive activity would be more or less done for; and the loss through disease would be minimized.

“What would be gained? The inducement to enter the life or to persist in it would be lessened; the total volume of business and the volume transacted by any one woman would be decreased; the financial waste would be less; the amount of disease disseminated would be less; the demoralization of the woman would often be less complete, less overwhelming, less irretrievable; surely, very important gains.

“Well drawn, well codified, well executed laws could accomplish this. Any civilized society utilizing the resources and instrumentalities that every such society has within its reach, can, if really so minded, ultimately reduce prostitution and its ravages so far by direct action.

“It is well worth doing; it is, humanly speaking, a possible undertaking, even though I repeat, nowhere as yet by any means accomplished. Let us not, however, deceive ourselves into thinking that such a direct frontal attack absolves us from effort in other and different directions. Further

achievement depends upon alterations in the constitution of society and its component parts. In so far as prostitution is the outcome of ignorance, laws and police are powerless; only knowledge will aid. In so far as prostitution is the outcome of mental or moral defect, laws and police are powerless; only the intelligent guardianship of the state will avail. In so far as prostitution is the outcome of natural impulses denied a legitimate expression, only a rationalized social life will really forestall it. In so far as prostitution is due to alcohol, to illegitimacy, to broken homes, to bad homes, to low wages, to wretched industrial conditions—to any or all of the particular phenomena respecting which the modern conscience is becoming sensitive,—only a transformation wrought by education, religion, science, sanitation, enlightened and far-reaching statesmanship can effect a cure. Our attitude towards prostitution, in so far as these factors are concerned, cannot embody itself in a special remedial or repressive policy, for in this sense it must be dealt with as part of the larger social problems with which it is inextricably entangled. Civilization stripped for [and is still engaged in] a life-and-death wrestle with tuberculosis, alcohol and other plagues. [It has added syphilis to this list.] It is [again] on the verge of a similar struggle with the crasser forms of commercialized vice. Sooner or later, it must fling down the gauntlet to the horrible thing. This will be the real contest,—a contest that will tax the courage, the self-denial, the faith, the resources of humanity to their uttermost."

ABRAHAM FLEXNER

NOTE: This editorial is the final statement of Abraham Flexner's remarkable study and analysis of prostitution in Europe, following the vice investigation in the United States. Then, as now, one heard the argument that "we should control prostitution and venereal diseases in the United States the way they do in Europe"—the implication being that this meant a policy of official segregation of prostitution and medical examination supposedly to safeguard health and protect the community against crime and disorder. Mr. Flexner's book, published in 1920, had world-wide influence. It continues to serve as a complete source book for all who wish to study the principles on which sound public policy and action in this field must be based.

Asked to write an editorial, Mr. Flexner replied, "If you can find anything in my book on the subject which will answer your purpose, I shall be delighted to have you use it over my signature." The only changes that are necessary to make Mr. Flexner's conclusions apply today are indicated by the words enclosed in brackets.

THOSE "PURPOSELY STACKED QUESTIONS TO BRING OUT A  
MAXIMUM OF YESSES"

Elsewhere in this issue appear extracts from two letters and a newspaper editorial concerning a misleading and unscientific "survey" of public opinion on prostitution as a public health measure, published in *Fortune* magazine, December, 1936. The article was based on the question: "Do you think that legalized prostitution is the best way to cure the national evil of venereal disease?" Without making any statement regarding the number or distribution of the replies, the magazine publishes "yes" and "no" percentages, and generalizes as to prevailing views of the public upon the opinion of "a noted authority" that "legalized controlled prostitution" is the best way to safeguard Americans from becoming "unfit for parenthood because of venereal diseases."

One does not expect a magazine of *Fortune*'s standing to engage in such mischievous and fallacious methods of confusing two distinct problems—especially at the present time when the public is attempting to make an effective nationwide public health and medical attack on syphilis and gonorrhea. It seems inconceivable that *Fortune*'s editors could have ignored so completely the history of commercialized prostitution and of the venereal diseases in the United States and in the world at large. To announce that *Fortune* "purposely stacked its question to bring out a maximum of yesses, just to see how many they might be," does not mitigate the serious charge of reprehensible confusing of people on a vital social issue and the stirring up of controversy by deductions which have been completely discredited among modern measures for the control of the venereal diseases. Fortunately, the daily papers and other magazines are publishing just now accurate accounts of the program adopted by the national Conference on Venereal Disease Control Work called by Surgeon General Parran of the United States Public Health Service. This program answers the question as to how Americans may be protected from the evil of venereal diseases. It does not include legalized or any other form of commercialized prostitution practices. *Fortune*'s

writer of the article could have secured full information from public health authorities had it been desired. The "noted authority" anonymously mentioned in the question posed for answer was not a physician or health officer although the question concerned "the best way to curb this evil" (venereal diseases).

## NEWS AND ABSTRACTS

**The Abolition of Licensed or Tolerated Houses of Prostitution.**—The League of Nations completed its ten year study of prostitution, including field investigations in nearly every country of the world, and the Council received and approved the reports in 1934. On the subject of abolition of licensed or tolerated brothels, the results of the enquiry and conclusions may be summed up as follows:

### *Results of Enquiry*

It is apparent from this enquiry that there has been a marked and increasing tendency in recent years to abandon the licensed-house system and, to a lesser extent, the system of the compulsory medical examination of prostitutes, and, so far as the protection of public health is concerned, to rely on the extension of facilities for the treatment of venereal disease to the whole community. This is due no doubt largely to social changes and to the progress of medical knowledge, as expressed in particular by the resolutions of 1926 and 1933 of the *Union internationale contre le péril vénérien*.<sup>1</sup> It may be noted that, in many countries, the change of system has taken place since the Committee on Traffic in Women and Children began its work, and there can be little doubt that the impulse given to the investigation of the whole subject by means of international cooperation through the machinery of the League of Nations has produced fruitful results.

The report abundantly shows that the absence or abandonment of the licensed-house system does not lead to adverse effects, either on public health or public order. There is a general consensus on this

<sup>1</sup> *Resolutions of the "Union internationale contre le péril vénérien" regarding the Regulation of Prostitution. Extract from the Resolution of 1926.*

Considering that the therapeutic treatment of patients suffering from venereal diseases is one of the principal means of arriving at the suppression of syphilis and the decrease of other venereal diseases;

Considering that regulation of prostitution has never at any time or in any country rendered it possible to limit the ravages caused by venereal disease;

And that, on the other hand, it is against all justice and all idea of social morality;

The Advisory Council of the Union recommends:

- (1) The suppression of the regulation of prostitution, and
- (2) The application of measures having in view the whole of the population, men, women and children, and being inspired in so far as possible by the principle of individual liberty.

point, though in one town—and one town alone—some doubt was expressed on the subject. With this exception, the authorities appear to be completely satisfied with the change, and, in many cases, express the opinion with emphasis that the situation in regard to prostitution and its consequences is better since the change was made, and that there is no desire to return to the previous system.

With regard to the effect on the incidence of venereal disease, the evidence furnished to the Committee shows either that the position has improved or that no change for the worse has been experienced.

The statements in regard to the effect on public order are equally satisfactory. Little difficulty has been experienced in maintaining order in the streets, and there is no evidence that the number of sexual offences has increased.

While the primary object of the Committee is to determine whether, having regard to the encouragement which the licensed-house system gives to traffic in women, it can be abandoned without detriment to public health and order, it is worthy of notice that several of the authorities consulted refer to matters which are of equal, if not greater, importance—namely, the effect of the system on the morals, especially of young people, and on the position of the women concerned. In dealing with prostitutes the importance of respecting human personality must be fully recognized, and by no means the least of the results obtained from an abandonment of the licensed-house system may be found in the protection from exploitation and the opportunity for the rehabilitation of the women who were inmates of the licensed houses.

#### *Conclusions*

The Committee feel that they would be failing in their duty if they did not attempt to draw certain conclusions from the material before them and they have embodied these conclusions in the following resolutions, the reasons for which are explained in the preceding observations.

#### *Resolutions Concerning the Abolition of Licensed or Tolerated Houses*

I. Having carefully studied the report prepared by the Secretariat on the abolition of licensed or tolerated houses, the Committee observes with great satisfaction that, since the beginning of the Committee's activities, considerable progress has been made by many countries throughout the world in abandoning in certain towns, or in the whole of their territory, the licensed or tolerated house system, which, according to the information obtained by the Committee, is one of the main incentives to the traffic in women; and that, where this procedure has been adopted, there is no evidence that any increase in the incidence of venereal disease has resulted from the closing of licensed or tolerated houses, or that public order and decency have suffered because of their abolition.

The Committee wishes to draw the attention of Governments to the fact that those authorities which have closed licensed or tolerated houses and have also abolished the system of regulation applicable to prostitutes are unanimous in declaring that the problem of prostitution can be more effectively dealt with when licensed or tolerated

houses are abolished, and that there is no desire in such countries to return to the old system.

II. Having been convinced by the results of the enquiry made by the Secretariat of the League of Nations that it will no longer be possible to defend in the future the system of licensed or tolerated houses by the arguments which once seemed to justify it, the Committee asks the Council to invite Governments to maintain the abolition of the system of licensed or tolerated houses wherever this has been realised, and to consider the desirability of abandoning this system where licensed or tolerated houses still exist.

III. The Committee observes that certain countries and certain towns that have abandoned the licensed or tolerated house system have retained the system of compulsory registration and medical examination of professional prostitutes.

As the number of the latter forms everywhere but a small part of the total number of prostitutes, the retention of the system of registration would appear to be unnecessary from the point of view of public hygiene, so long as adequate provision is made for the general treatment of venereal disease.

In view of the grave objections to the system of regulation on moral and other grounds, the Committee sincerely hopes that those authorities that still maintain a system of compulsory registration and regular medical examination of prostitutes will abandon this practice in view of recent medical experience.

IV. The Committee points out that, while the general abolition of licensed or tolerated houses will have an important effect in reducing the traffic in women, this step, taken by itself, cannot, in its opinion, effectively remove the dangers to health and morals arising from commercialized vice, and that this step needs to be supplemented by the education of public opinion regarding the social value of the proposed legislation, by the education of individuals regarding their social and moral responsibility and by further measures, such as the organization of free treatment of venereal disease available to all members of the community and propaganda designed to enlighten public opinion as to the dangers of venereal disease.

Side by side with these measures, it is essential for the suppression of the traffic in women that the steps taken to prohibit brothels of all kinds and to punish brothel-keepers, *souteneurs* and procurers should be adequate, and that suitable measures should be taken for the preservation of public order in the streets.

V. The Committee wishes to record its opinion that, when steps are taken to close licensed or tolerated houses or to abandon the system of regulation, it is essential that measures should be adopted for the rehabilitation of the women concerned according to their individual needs.

In particular, provision should be made, with the help of psychological examination and medical advice, for the appropriate treatment of those women who are found to be feeble-minded or otherwise abnormal.

The Committee desires to emphasize the value of all preventive measures, such as social assistance and education, to be applicable equally to both sexes, with a view to decreasing prostitution.

**The United States Government Threatens Deportation of "White Slavers," in New Efforts to Combat Commercialized Prostitution.**—A recent Associated Press news story tells of drastic measures adopted by the Federal government to curb the exploitation of women by so-called "white slavers":

WASHINGTON, Dec. 26.—The Department of Justice and Immigration authorities wheeled a new piece of heavy artillery into action against white slavery today—a threat of wholesale deportations.

"Already steps are being taken to bring about deportation of sixteen convicted white slavers," said J. Edgar Hoover, Director of the Federal Bureau of Investigation.

Authorities also were acting, he said, to arrange deportation of material witnesses who appeared in recent white slave cases.

The government's new move against interstate rings shipping women across state lines for immoral purposes was described first by Mr. Hoover in a recent summary of white slave cases prosecuted by the Justice Department. In the survey, which showed 201 convictions for violation of the Mann act between July 1 and November 30, he called attention to the department's successful smashing of a white slave ring operating in Connecticut and New York. At the ensuing trial thirty-seven persons pleaded guilty and one other, Joseph Saledonis, was convicted after a six-day jury trial.

Mr. Hoover added that immigration authorities were taking steps to deport Saledonis and fifteen other prisoners on expiration of their sentences. The sixteen were found to be aliens.

The same treatment probably would be meted out to four aliens sentenced recently at Elkins, W. Va., for violating the white slave traffic act, Mr. Hoover said.

The Justice Department's increased activity against white slave rings supplying prostitutes to Eastern and Southern winter resorts, meanwhile, has netted the government a new high in fines. Between July 1 and November 30 fines totaled \$77,800, against \$73,296 imposed between July 1, 1932, and June 30, 1936.

**The Control of Venereal Diseases and the Problem of Prostitution in the City of New York.**—Report of a subcommittee on public health relations of the New York Academy of Medicine. New York State Journal of Medicine. Mar. 15, 1936. XXXVI, 451.

*Summary of Essentials of Community Control.* (1) Public health education. (2) Availability of treatment for all infected persons, including an adequate number of hospital beds for patients requiring such facilities. (3) Instruction of general practitioners in approved modern methods of diagnosis, treatment and follow-up. (4) Free diagnostic services for physicians so as to facilitate prompt and early recognition of disease. (5) Distribution under suitable control of free arsenicals to private physicians for the treatment of persons unable to pay a full fee. (6) Encouragement of reporting by private physicians of all new cases of venereal disease by exact initials and date of birth of patient, to improve accuracy of registration. (7) Cooperation of the public health authorities with private physicians, municipal and voluntary hospitals, outpatient departments and other clinics, so as to enable them to keep patients under control until cured and to bring the source of infection under treatment. (8) Assignment of public health nurses to clinics and, upon request, to

private physicians for follow-up of delinquent patients and of contacts and for distribution of health information to infected persons. (9) Setting up of standards for venereal disease clinics by the Department of Health, in cooperation with proper medical committees. (10) Requirement of routine tests for syphilis in the venereal disease clinics. (11) Provision for the detection and treatment of prenatal syphilis. (12) Supervision of treatment and follow-up of prostitutes and vagrants legally detained in hospitals, prisons and reformatories or paroled for treatment to clinics or to private physicians.

**New York Court Orders Health Examination of Men Seized in Health Raid.**—New York newspapers of December 5th and 6th recorded an event which rarely occurs. The story as it appeared in the *New York World-Telegram* follows:

Magistrate Anna M. Kross in Harlem Court today forced sixty young men, taken before her as patrons of places of prostitution, to undergo immediate physical examination.

She telephoned Dr. Walter Clarke, head of the hygiene bureau of the Health Department. He sent six doctors and six nurses to the court and a room was turned into a temporary clinic.

Magistrate Kross said also the Health Department was going to establish a permanent venereal clinic in the court to which will be taken all men and women arrested in Manhattan in prostitution raids.

"All men and women so arrested," she said, "will have to be examined before I will pass judgment on them. The public health demands that this practice should be extended to all five boroughs and also through New York State. Social diseases must be stamped out."

All the men appearing before Magistrate Kross submitted to the examinations. Fifty-one were arrested last night in a place at 88 Lenox Ave. Of these forty-four were white, four were Negroes and three were Chinese.

When they were arraigned, Magistrate Kross said:

"This is a medical rather than a criminal offense."

Doctors reported that preliminary examination showed none of the men to be diseased. Magistrate Kross paroled them in their own custody for re-appearance next Friday and Saturday, pending results of blood tests.

She warned them that if any failed to appear she would issue immediate warrants for their arrests.

She previously ascertained from Detective John D'Errico that he had checked up on the addresses they gave.

After the court session Magistrate Kross said:

"The Board of Health has the money and the facilities and will equip a large room in Harlem Court as a clinic, which will be a focal point for examination of all men and women arrested.

"If other magistrates disagree with me I will fight this alone. But I am sure they will agree that social diseases must be fought."

Magistrate Kross said she had been crusading for two years for the mandatory examination of prostitutes and recently had been upheld by the Court of Appeals on test cases brought by two women. She said she was confident the same court would support the forced examination of men arrested in raids.

"I think the extent of prostitution in the city is just about the same," she added.

## THE FORUM

### THE FORTUNE SURVEY OF PUBLIC OPINION REGARDING LEGALIZED PROSTITUTION AS A PUBLIC HEALTH MEASURE

Association members and friends were quick to question the validity of the conclusions reached by *Fortune* in its December, 1936, issue, based on the answers received from men and women to the statement and question: *It is said that millions of Americans are unfit for parenthood because of venereal diseases. One noted authority has said that one of the best ways to curb this evil would be legalized controlled prostitution. Do you agree with him?*

Two of the letters received in the national office, and an editorial appearing in the *Louisville Times* (December 29, 1936) are printed herewith as indicative of the general attitude of those fully informed on this question. (See also *Editorial*, page 421.)

Los Angeles, California,  
December 26, 1936

Dear Editor:

Morning papers carry a summary of *Fortune*'s poll of public opinion, purporting to show that five-eighths of those who have any opinion at all on the subject consider licensed prostitution the best means to combat venereal diseases. It is obvious that the poll was taken in such a way as to make it invalid. The investigators said, "A noted authority declares legalized prostitution is the best way, et cetera. Do you agree?" This is "leading the witness" in the worst form. The average person who knows nothing about the subject,—and this probably includes the majority of the population, in spite of our educational activities during the last 25 years—would automatically tend to agree with "a noted authority." If the poll had been taken by saying, "It is the consensus of the most noted authorities that legalization is *not*, et cetera, I venture to predict that an even larger vote would have been registered *against* licensing. I don't know whether *Fortune* was trying to get some provocative material to make people talk—if so, I bit, as you see—but it is a very unfortunate incident, and I should think the American Social Hygiene Association ought to get some counter publicity in the daily papers, as well as through its own channels. Perhaps one of the big women's magazines might be interested to take the subject up.

Good progress is being made right now in awakening the public to the menace of venereal diseases, but I feel—as you know—and as all the rest of you feel, that our fight against commercialized prostitution is lagging badly. I wish it were possible to find some source

of money that would recognize this and would contribute to a vigorous campaign of public education.

Cordially yours, PAUL POPENOE.

Albany, New York,  
December 31, 1936.

Dear Editor:

Have you seen the survey report in the last issue of *Fortune*? Its interviewers have asked people whether they are agreeable to having legalized control of prostitution; and of those interviewed, fifty per cent expressed themselves favorably. This number was about equally divided between males and females and between those above and below the age of forty. Only thirty per cent were opposed and they, too, were about equally divided according to sex and age. Nineteen per cent expressed themselves as having no opinion. The morning papers report that yesterday, at the conference in Washington, Dr. Price, of Virginia, recommended that the social diseases should be curbed through the establishment of carefully segregated districts. His suggestion was opposed by Dr. Nels Nelson. I presume you were there at the time and know how the audience reacted to the suggestion.

I brought before the Session of my church the other evening the *Fortune* report, and they thought it of sufficient interest, because *Fortune* also reported that our moral standard is declining and the influence of the church decreasing—to make it a matter for discussion at our next regular meeting, and asked me to be prepared to present the matter. It seems to me that there is here an opportunity for your organization to help the public arrive at a decision. There are some who believe that the regulated saloon of today is a far less demoralizing influence than was prohibition, and I wonder if they are the same people who believe that regulation of prostitution would arrest our growing laxity in moral standards.

Sincerely yours, JOSEPH S. LAWRENCE, M.D.

(*Editorial—Louisville [Kentucky] Times, December 29, 1936*)

“FORTUNE CONSULTS FOLLY”

“Five-eighths of the public with opinion on the matter” says *Fortune*, “are in favor of legalized prostitution to control venereal disease.” *Fortune* will get a good deal of publicity out of publishing that statement, but it is improbable that serious students of the problem will agree that there is truth in the assertion as to “five-eighths of the public with opinion.”

The formula, a very old one, never successful apparently, is based upon belief that venereal diseases are conveyed, almost exclusively, or largely, by prostitutes and their patrons; that a beautiful system of safe promiscuity, for men, could be worked out; that danger to the

sex morals of women who ought to be, or want to be, chaste would be lessened.

The theory is about as scientific as that in the Old South—or held by some Southerners—that if white men kept Negro mistresses they, the men, would not risk venereal disease, and that white women of the South would be safe from *Don Juans*; that the sex morals of Negroes didn't matter, and it was important thus to preserve the health of white men, and the sex morals of white women.

In the nature of things, periodical medical inspection of prostitutes is ineffective when it is honest. Usually it isn't honest. Physicians of the better class don't want such employment. Those who want it are often easily bribed.

The assertion that prohibition doesn't prohibit would apply to the plan which *Fortune* mentions, as fully as to whisky, even if, by Constitutional amendment—to suppose the absurd and the impossible—Federal prohibition of diseased prostitutes should be adopted.

Expect in so far as public sanitation—for example enforcement of laws as to restaurants and saloons—is concerned, protection from venereal disease is a personal problem which cannot be passed to government."

#### YESSES AND NOES IN CALIFORNIA

Two other letters recently appearing in the *Sacramento Bee* and others of the *Bee* papers indicate that the average citizen not only gives thought to the problem of commercialized prostitution, and its connection with health but on occasion can express himself clearly and forcefully:

*Madera, California.*

Editor of The Bee—Sir: As to the cause of the spread of social diseases such as gonorrhea and syphilis, the direct cause is the Red Light Abatement Act. Before that came into effect, there were very few such cases. Why? Because there were houses that were licensed and the women were examined each week by licensed doctors. If any were found affected, they were segregated and doctored until cured. It is different now. Those women are right in your neighbor's house and in your own homes and offices, high schools and colleges and hotels and factories and cotton camps, but no protection.

There is only one way it can be lessened and that is to open the licensed houses, as of old, and have good doctors in attendance at all times.

The fundamental of social hygiene is good, there is no doubt, but how are you going to administer it with these women all over the country, and men too? It is just like the highway; there will never be a cessation of highway accidents until the highways are made safe themselves. All the speed cops in the world cannot even check them.

E. C. PYEATT.

*Fresno, California.*

Editor of The Bee—Sir: I wish to congratulate you on your present campaign against the spread of venereal diseases. The citizens of this country should be thankful that this subject at last has been brought out into the open.

We claim to be a progressive nation, yet at the present time we are hiding two dreadful diseases that eventually will mean our downfall unless serious consideration and thought are shown. The public can not be warned and reminded enough of the harmful results of these two social diseases, gonorrhea and syphilis.

As for parents keeping these facts from their growing children, nothing could be more unforgivable. I wish some parents could have seen the hopeless syphilis cases that I have had opportunity to see.

Referring to the letter of E. C. Pyeatt in Monday's Bee, I disagree as to the direct cause of the spread of the social disease. He says the direct cause is the red light abatement act. I say it is the timidity of foolish parents, in not putting their children wise to the subject of venereal diseases in their youth. If youth knows fully the danger of red light houses and the consequences, it will steer itself clear of them in the hopes of retaining a normal healthy body.

Even if licensed doctors examined prostitutes once every week before the red light abatement act, it was not enough. My suggestion would be to adopt such measures as the following:

Compulsory classes on the subject of social diseases in our public schools; requiring a physical examination of both parties before marriage; widespread establishment of clinics to cure everyone found having the disease; free distribution of such literature by the state board of health.

P. S. W.

## MILESTONES IN THE MARCH AGAINST COMMERCIALIZED PROSTITUTION IN THE UNITED STATES

**1886:** *Repeal of the Contagious Diseases Act in England*, which meant the overthrow of state regulation in that country, and did much to influence the United States against the licensing of prostitution.

**1899:** *First International Conference for the Suppression of Traffic in Women* convened in England. At this Conference for the first time it became generally known as a fact that a national and international traffic in women existed. "Greed of gain was its motive and the helplessness of the victims furnished the ground of exploitation. It was not a mere question of supply and demand, but one of a stimulated supply and demand . . . ."

**1902:** *First Official International Conference for Suppression of White-Slave Traffic* met in Paris to draft treaty embodying measures for the suppression of the international traffic in women.

**1904:** *International agreement adopted* whereby thirteen nations\* recognized the imperative need of combating the traffic in women and children.

**1906:** *Ratification of the foregoing treaty by the United States Government*. Appointment by the United States Congress of the *National Immigration Committee* and its study of the question of importation of women for immoral purposes, leading to the passage later of the Mann and Bennet Acts.

**1910:** *Second International Conference for Suppression of White-Slave Traffic*, which adopted the 1910 convention requiring the parties thereto to pass and enforce legislation punishing procuring minors under twenty-one for immoral purposes, even with their consent, and of adults by force or fraud. *Enactment by the United States Congress of the Mann Act* (prohibiting inter-state and international traffic in women) and the Bennet Act (penalizing those who import aliens for immoral purposes, and providing for deportation of aliens engaging in the business of prostitution).

**1910:** *Formation of the Chicago Vice Commission*, with its exhaustive study of commercialized prostitution in that city, and its unanimous conclusion summarized in the words: "Constant and persistent repression of prostitution the immediate method; absolute annihilation the ultimate ideal." This was followed by the establishment of vice commissions in about 30 other cities, all arriving at practically the same conclusion.

\* Belgium, Denmark, France, Germany, Great Britain, Italy, the Netherlands, Norway and Sweden, Portugal, Russia, Spain and Switzerland.

**1914:** *Merger of National Vigilance Association with the American Federation for Sex Hygiene* to form the American Social Hygiene Association.

Promotion under this Association's guidance of widespread enactment of laws against commercialized prostitution, including state white slave laws, injunction and abatement acts, laws for the establishment of reformatories for women, and such statutes as venereal disease reporting laws and laws against advertising of venereal disease remedies. "White slave" laws aimed at the successful prosecution of procurers and promoters of vice, and Injunction and Abatement Acts aimed at the suppression of disorderly houses as a public nuisance. The enactment in subsequent years of both laws in many states resulted in the closing immediately of numerous "red light districts" and marked the beginning of the end of these districts as an institution in this country.

**1917:** (1) *Enactment of the Draft Act by Congress*, including Section 13, prohibiting prostitution in the vicinity of military or naval camps.

(2) *Formation of the War and Navy Departments Commissions on Training Camp Activities*, with their programs of law enforcement, as well as education and recreation, and their cooperation in medical measures with the activities of the Surgeons General of the Army, Navy, and Public Health Service.

(3) *Pronouncement by the American Medical Association* that "Sexual continence is compatible with health and is the best prevention of venereal infection."

(4) *Adoption by the United States Army and Navy of policies recognizing sexual continence as a practical factor in venereal disease control.*

These combined efforts strengthened the rising tide of determination throughout the country that all toleration and segregation of commercialized prostitution must go, and promoted an uncompromising warfare against prostitution. During 1917-1918 upwards of 200 red light districts were closed, leaving hardly half dozen remaining at the close of the War.

**1918:** *Passage of the Chamberlain-Kahn Act by the Congress*, creating the United States Interdepartmental Social Hygiene Board.

**1919:** *The drafting of the Vice Repressive Law* and its subsequent enactment wholly or in part, by the legislatures of 15 states. This new law, with its definition of prostitution to include both the giving and receiving of the body in sexual intercourse for hire, and its penalization of the man customer of the prostitute, marked a long step upwards in legislation in this field.

**1920:** (1) *Holding of the All America Conference on Venereal Diseases*, with its adoption of standards in the whole field of venereal disease control.

(2) *Incorporation of Article 23c in the League of Nations Covenant*, entrusting the League with general supervision over execution of agreements with regard to the international traffic in women and children.

**1921:** (1) *Conference called by League of Nations in Geneva*, all nations being invited, and 34 attending. Recommendations submitted to League of which eight were incorporated in draft convention dated March 6, 1922.  
(2) *Advisory Committee on Traffic in Women and Children* appointed by League of Nations, with central office at Geneva as recommended by the Conference.

**1923-** *Special Body of Experts on Traffic in Women and Children* appointed by the League of Nations Council, as recommended by the new Advisory Committee, and instructed to make an "on-the-spot" investigation of the international traffic.  
**1927:** (2) *Studies made in 28 European and American countries* during 1924-1926 by a special corps of trained investigators.  
(3) *Special reports and recommendations. Parts I and II approved by the League Council and published.*

**1930-** (1) *Commission of Enquiry into Traffic in Women and Children in the East* appointed by League Council as an extension of earlier studies.  
**1933:** (2) *Studies made in 15 or more countries in the Far East by the Commission.*  
(3) *Report prepared, approved by the League Council and published.*

**1933:** *Publication of report on prostitution conditions in the United States*, 1927 to 1933, by the American Social Hygiene Association, indicating in many places throughout the country a backward trend not only in conditions, but in public thought and action concerning them; followed by renewed efforts to organize voluntary forces to check this trend and regain the status of a decade earlier.

**1934:** *Resolutions recommending abolition of licensed or tolerated houses of prostitution* in all countries adopted by the Traffic in Women and Children Committee of the League of Nations. Both national and international use of this report and related data to promote united action in combating the organized commercial aspects of prostitution.

**1935-** Progress reports and further studies show little change from 1933-'34; but challenge the social, religious, and other family protective forces of the United States to control this evil.  
**1936:** *There are indications that nineteen thirty-six has marked the maximum point in toleration of commercialized prostitution*, and that the coming year will record renewed efforts to secure united and continuous action of social forces in blocking official recognition of this evil and reducing its volume. It seems reasonable to expect that the public will learn the

fallacies in attempted segregation, regulation, and so-called medical inspection; and will effectively come to the rescue of every health authority who finds his program for control of syphilis and gonorrhea entangled with insidious and spurious propaganda forcing him to arrange for and deal with prostitutes as a class apart from the entire infected and contact groups of the population.

The next year is expected to see the application in France of a new national law embodying the general views for which social hygiene forces have struggled in this country. This proposed law has been formally presented by the French Minister of Public Health, to the President of the Republic with the approval of the other ministers. This is a step of the greatest importance to both national and international progress in separating the problems of prostitution and of public health, and making sound progress in solving both.

In the United States, Federal support in the social hygiene field, through increased appropriations for use of the Public Health Service and the Children's Bureau in cooperating with state and local health departments, promises to be an activating force of immense value.

The medical profession under the stimulus and leadership of the American Medical Association with organized state and county cooperation, is counted upon to ensure the professional services which are the essential complement of the public health activities.

Finally, the new year should produce correlated, vigorous programs flanking those of public health and medicine, on one side with long-range and sound sex education, and on the other with adequate enforcement measures for stamping out organized exploitation of men and women in prostitution.

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THE AMERICAN SOCIAL HYGIENE ASSOCIATION has been since 1914 the national voluntary agency for social hygiene. Its purpose is to encourage, strengthen and preserve American family life, by such means as

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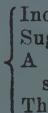
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